

DOCUMENT RESUME

ED 369 225

EC 302 955

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TITLE The Ninos Especiales Outreach Training Project (NEOTP). Final Report.
INSTITUTION New York Medical Coll., Valhalla. Westchester Inst. for Human Development.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC. Early Education Program for Children with Disabilities.
PUB DATE 30 Jun 93
CONTRACT H024D00010
NOTE 744p.
PUB TYPE Reports - Descriptive (141) -- Tests/Evaluation Instruments (160)

EDRS PRICE MF04/PC30 Plus Postage.
DESCRIPTORS Agency Cooperation; *Cultural Awareness; Early Childhood Education; *Early Intervention; Family Involvement; Federal Programs; Hispanic Americans; Individualized Family Service Plans; Infants; Institutes (Training Programs); Interdisciplinary Approach; Models; Outreach Programs; Program Evaluation; *Puerto Ricans; *Severe Disabilities; *Staff Development; Teamwork; *Technical Assistance; Transitional Programs; Workshops
IDENTIFIERS Early Identification

ABSTRACT

The Ninos Especiales Outreach Training Project was a 3-year federally funded project to provide information, training, and evaluation related to a culturally sensitive, family-focused model of early intervention services for infants with severe disabilities and their families of Puerto Rican heritage. Implementation occurred through three major training components: workshops to provide information, institutes (long-term training) to develop skills in culturally sensitive early intervention services, and technical assistance to enable early intervention programs to replicate service components. This final report contains project goals and objectives, the theoretical and conceptual framework, model description, project results, and project impact. Appendices, which comprise the bulk of the report, include: (1) workshop materials, including objectives, activities, questionnaires, handouts, and reading lists on cultural sensitivity, individual family service plans, family-centered care, transition, interagency collaboration, and transdisciplinary teaming; (2) evaluation materials; (3) a bibliography of approximately 75 items; (4) project evaluation materials; and (5) documents relating to project administration. (Contains approximately 100 references.) (JDD)

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The Niños Especiales Outreach Training Project (NEOTP)

FINAL REPORT

Early Education Program for Children with Disabilities
Office of Special Education Programs
Department of Education

Grant Number: H024D00010
CFDA: 84024D

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ABSTRACT

Niños Especiales Outreach Training Project (NEOTP)

An Early Education Program for Children with Disabilities Project

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The Niños Especiales Outreach Training Project was funded for three years (October, 1990 - June, 1993) by the Early Education Program for Children with Disabilities (EEPCD). The Outreach Training Project was based on the Niños Especiales Program, a three year EEPCD funded Demonstration Project.

The Niños Especiales Outreach Training Project was initially administered by the Department of Pediatrics, Division of Child & Family Studies, University of Connecticut Health Center, Farmington, Connecticut. The Project transferred to New York Medical College in October 1991 at the start of year two. This was due to the project director accepting a position at the Westchester Institute for Human Development at New York Medical College.

The purpose of the Niños Especiales Outreach Training Project was to provide information, training and evaluation; of a culturally sensitive, family focused model of early intervention services. Since the Project began, all project objectives and activities were implemented. Implementation of the Project occurred through three major training components: Institutes, workshops and program replication.

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I. PROJECT GOALS AND OBJECTIVES

Objective 1.0: To manage the Project

- 1.1 Hire staff
- 1.2 Develop project brochure
- 1.3 Distribute brochure
- 1.4 Refine evaluation instruments

Objective 2.0 To Provide Workshops

- 2.1 Develop and refine agendas and workbooks
- 2.2 Recruit participants
- 2.3 Implement workshops
- 2.4 Provide follow-up to workshop participants
- 2.5 Evaluate workshops

Objective 3.0: To Provide Long Term Training to Early Interventionists Through Institutes

- 3.1 Refine agenda
- 3.2 Develop written materials
- 3.3 Recruit institute participants
- 3.4 Implement institute
- 3.5 Provide follow-up
- 3.6 Evaluate institutes

Objective 4.0: To Replicate Policies and Procedures of the N.E.P. within Early Intervention Programs in Connecticut and Metropolitan New York

- 4.1 Refine procedural handbook
- 4.2 Refine criteria for agency replication
- 4.3 Recruit agencies and programs for replication
- 4.4 Implement replication
- 4.5 Evaluate replication

II. THEORETICAL AND CONCEPTUAL FRAMEWORK

This outreach training model originally proposed to : a) translate the findings from a demonstration project into training content and subsequent replication activities; b) develop a training model on culturally sensitive early intervention to programs serving families of Puerto Rican heritage; c) offer training on a model which was the first in Connecticut to have services which complied with the components outlined in Part H of IDEA; d) offer a variety of training activities consistent with the literature on adult learning; e) develop materials for use during training and national dissemination; f) evaluate the effects of training across participants, programs and consumers insuring the systematic refinement of both model components and training activities.

There is an accumulating amount of literature on adapting or implementing educational innovations or service models (Paine, Bellamy, & Wilcox, 1984). Inherent in any type of service delivery model is the premise that services should be evaluated ultimately on the basis of their benefits to consumers (in this instance young children & their families). Additionally, it has been suggested that innovations within service deliveries undergo a developmental process in which the delivery techniques are defined as procedures, materials, rules, activities or other environmental changes which change the behavior of one or more persons. A collection of intervention techniques and administrative arrangements which contribute to behavioral changes across individuals is illustrative of a demonstration. The model is the prototype for replication of the demonstration across service settings, consumers, and administrative arrangements (Paine, Bellamy, & Wilcox, 1984).

Early intervention can be defined as the provision of educational or therapeutic services to children under the age of eight. A number of studies have shown that early intervention efforts with disabled or at - risk infants and children have been effective in accelerating and maintaining their development (Bricker, Bailey, & Bruder, 1984; Castro, & Mastropieri, 1986; Dunst, 1985; Dunst, Synder & Mankin, 1986). This finding has encouraged the growth and expansion of early intervention services throughout the country. The federal government has supported this expansion through the passage of the 1986 Amendments to the Education of the Handicapped Act and more recently the Individuals with Disabilities Education Act (IDEA) of 1991. The amendments (P.L. 99-457) now referred to as IDEA, lowered the national mandate for special education services to age three. In addition, states were given financial incentives to develop intervention services for disabled and at - risk infants, toddlers & their families. Furthermore, the intent of Part H of IDEA is to provide early intervention services to all families with infants and toddlers with special needs. In order to make services available to all families, the legislation specifies that a special effort should be made to reach populations who are typically underserved. More specifically, the legislation states that services must be culturally competent, and that these services be available in local areas (See sections 1471 (a,5), and 1478 (7) of Individuals with Disabilities Education Act, 1991).

A number of issues involved in the delivery of services remain to be resolved (Meisels, Harbin, Modigliani, & Olson, 1988; Woodruff, McGonigel, Garland, Zeitlin, Chazkel-Hochman, Shanahan, Toole, & Vincent, 1985). One of the most pressing issues is the development and implementation of effective service models for early intervention. A need within these models is cultural sensitivity to minority populations.

We know now that the effectiveness of early intervention programs that serve multicultural populations will depend heavily upon the sensitivity, understanding, and respect paid to the specific cultural, familial, and individual diversity involved (Anderson, & Fenichel, 1989). Examples of policies & practices designed to empower families or reach populations typically underserved have been provided by several researchers and practitioners (Arcia, Keyes, Gallagher, & Herrick, 1992).

The Niños Especiales Outreach Training Project (NEOTP) was significant because the training content was derived from the only EEPD demonstration project, funded specifically to address the specific needs of severely disabled infants and their families of Puerto Rican heritage. Additionally, the Niños Especiales Program (N.E.P.) contained elements of service delivery now mandated by law for those states participating in Part H of IDEA. The N.E.P. model contained five elements from which the training content and philosophy of the outreach grant was formed. They included: family orientation; cultural sensitivity; transdisciplinary teamwork; interagency coordination; and transition to preschool. Each element of the N.E.P. philosophy was documented through literature and formed the basis for the N.E.P. service model.

Family Orientation

Parents have traditionally been an integral part of early intervention services. By far their most significant role has been that of service providers or teachers of their children. It has been suggested however, that the implementation of this practice represents a somewhat restricted view of parent involvement (Wiegerink, Hocutt, Posante-Loro, & Bristol, 1979; Turnbull, & Turnbull, 1982; Winton, 1990). All too often early intervention parent training programs have imposed intrusive demands on parents which have altered their interactional style with both the developmentally delayed child and the rest of their family.

Two new directions of research have given insight into a broadened perspective on parent involvement within infant intervention programs. The first evolved out of the infant development literature, where it has been demonstrated that the infant's early interactions with the environment, most notably the caregiver, have great influence on the infant's subsequent development (Bromwich, 1981; Goldberg, 1977; Klaus & Kennel, 1976; Massie & Massie, 1975; Sameroff & Chandler, 1975). This information has been instrumental in shaping intervention programs for children with disabilities in that parents have recently been seen as the targets of the intervention (Bailey & Simeonsson, 1984; Kelly, 1982; McCollum & Stayton, 1985).

Second, emphasis has been placed on the importance of the interactions that occur between the child with a disability and his family. Several early education programs have begun to focus on overall family functioning. These programs are designed to help the family address the long range needs of the child with a disability (Foster, Berger & McLean, 1981; Turnbull, Summers & Brotherson, 1983; Dunst & Trivette, 1990). In particular, attention has been given to various family structures and life cycles and how each relates to the individual child and family needs.

Early intervention parent involvement programs have subsequently moved away from the narrow focus of the parent as teacher model to encompass the broader and self-identified needs of their enrolled parents (Blacker, 1984; Bruder, 1984; Carney, 1983; Turnbull, Summers, Brotherson & Benson, 1986). As such, it has been recommended that early intervention programs should attempt to facilitate the parent's awareness of, and adaptation to, the primary role of parenting a child with developmental delays. Further, it has been documented that individual parents will have differing expectations for the demands of this role. Programs must become sensitive to the heterogeneity of parent needs, and their desires as they plan an infant's intervention.

Support. One area which is receiving attention by infant intervention programs is the support needs of the enrolled child's parents (Bailey & Simeonsson, 1988; Dunst, Trivette & Deal, 1988; Chan, 1990). It has been suggested that parents of handicapped children experience a larger degree of stress than parents of nonhandicapped children (Gallagher, Beckman & Cross, 1983) which may hinder the development of optimum interactional patterns with their infants. These stressful events include environmental (e.g., financial problems which impact basic survival), and biological (e.g., caretaking demands of a premature, handicapped or medically unstable infant) events. Further, studies have demonstrated that levels of stress among parents are related to the type and degree of handicap evidenced by their child (Beckman-Bell, 1981; Bristol, 1979; Holroyd & McArthur, 1983).

A suggestion has been made for early intervention programs to recognize the ongoing stress parents of delayed and at-risk infants may be experiencing by helping families adapt to stress through the recruitment of support networks (Eheart & Ciccone, 1982; Gallagher, Beckman & Cross, 1983). It has been documented that the social networks of parents exert strong influences on their child-rearing behavior and attitudes. Support for parenting seems to help parents achieve a sense of competence (Cutrona & Troutman, 1986), as well as become more responsive to the child (Crnic, Greenburg & Slough, 1986; Pascoe, Loda, Jeffries & Earp, 1981). Parents who receive more support for the care of young children with special needs exhibit more positive psychological adaptation (Affleck, Tennen, Allen & Gershman, 1986) and more effective involvement in early intervention programs. By changing the focus from child change to parent-family adaptation, both programs and parents have seen beneficial results (Dunst, Trivette & Deal, 1987).

Information. An additional area being addressed by early intervention programs is informational needs of families (Turnbull, 1986). Intervention programs need

information from parents and parents need appropriate information from programs. The type and level of information wanted by parents is often determined by the status of their child. Many times program personnel present information to parents in a uniform manner and assume understanding. Yet, data has suggested that parents can absorb and use only a certain amount of information at any one time (McDonald, 1962). Service providers must be sensitive to the information needs of their families and be prepared to assess parental understanding and needs as an ongoing mechanism for program effectiveness.

Nowhere is parental information needed more than in the search for appropriate services for a child with a disability. Families of infants with disabilities usually have to interact with many different service agencies such as medical, educational, and social agencies (Vincent, Laten, Salisbury, Brown & Baumgart, 1980). In trying to gain access to these resources, parents may be confronted with services differing in priorities and mandates, overlapping geographic boundaries, contrasting administrative structures, or even incomprehensible acronyms (Featherstone, 1980; Rubin & Quinn-Curran, 1983). This situation is most devastating for parents new to the service delivery system.

Education. The educational needs of families should be differentiated from informational needs, in that education results in a predetermined change of behavior. Parent education programs have traditionally focused on teaching parents how to teach their infants new behaviors (Hanson, 1979). Over the years, much data have supported the success of this practice.

Though parent training is the most prevalent educational option offered to parents of children with disabilities, it has been suggested that the implementation of this strategy represents a somewhat restricted view of parent involvement (Turnbull & Turnbull, 1982). Though teaching will probably continue to be an area of focus for many parents and programs, it should not be the only area. Additionally, the procedures and content of programs used to teach parents teaching skills should be geared toward the facilitation of functional behaviors within the family's normative routine (Turnbull, 1986). All too often parent training programs have imposed intrusive demands on parents which have altered their interaction style with both the child with a disability and the rest of their family.

Family Focused Early Intervention. The passage of P.L. 99-457 and more recently IDEA, has facilitated the national adoption of a family focused model of early intervention (Winton & Bailey, 1988). There are a number of principles adhered to by the more family focused models. First, families are viewed from a philosophical base which stresses the pervasiveness of the family system. Second, the models which are described are data based. Third, information gathering (assessment) is conceptualized as instrumental to the development of effective interventions for the family and child with a disability. Fourth, effective communication skills are necessary to insure valid information gathering. Fifth, goal setting for families must be directed by the families to insure validity. Sixth, evaluation must be integrally related to all of the above mentioned activities. The N.E.P. service model adhered to all of these principles.

Cultural Sensitivity.

As is true when working with families of any culture, individual differences are very important. Learning about other cultures should help us to understand the individuals in their cultural context, rather than reinforce a stereotype of a given culture. This consideration is perhaps even more relevant to those of the Puerto Rican culture, since their long-term migration exhibits a whole range of acculturation and adaptation factors. The N.E.P. staff developed an early intervention model specific to Puerto Rican families by addressing several cultural factors. The first consideration was socioeconomic. Among Puerto Ricans in Hartford, there is a relatively large number of single-parent, female headed, low-income families. In addition, Puerto Rican mothers tend to be young, and therefore are at a greater risk for parenting difficulties. A review of the literature revealed that with these "vulnerable" families, programs that integrated educational activities into daily routines and included the entire family in planning have been generally more effective (Allen, Affleck, McGrade & McQueeney, 1985).

A second consideration was the cultural roles and norms. These included paternal authoritarianism and the role of mother as a housewife and pivotal figure in the family. The tendency to keep children as children and a high involvement in caretaking by siblings and extended family is common within the families. The tendency to ignore milder disabilities and the need for treatment, to shun expensive toys and equipment brought to the house by staff, and the belief in fatalism, are additional factors when planning a program.

A third consideration was the health beliefs among Puerto Ricans. These included the role of the spiritualist and folkhealer, the role of fate which may define disease as punishment and contribute to a lower sense of personal control, as well as differences in the perceptions of infant behavior and handicapping conditions.

A fourth and most important consideration was language. The staff of N.E.P. were bilingual and provided early intervention services in the family's preferred language. Written materials were also available in the family's preferred language. Additionally, N.E.P. staff assisted with any language barriers which affected the communication between the family and other agencies or service providers.

Transdisciplinary Teamwork.

The N.E.P. model recognized the strength of the transdisciplinary team structure. The transdisciplinary model is the least understood and most often abused (Holm & McCartin, 1978). The members of this type of team share roles and thus systematically cross discipline boundaries. This transdisciplinary model was first proposed for infants and the severely disabled population (Bricker & Iacino, 1977; Lyon & Lyon, 1980). The purpose of the transdisciplinary team approach is to pool and integrate the expertise of the team members so that more efficient and comprehensive assessment and intervention plans and services may be provided (Hutchinson, 1978; Sailor & Guess,

1983). A transdisciplinary team is characterized by joint team effort, joint staff development and role release (Noonan & Kligo, 1987).

Interagency Coordination.

The N.E.P. recognized the need for interagency coordination. No agency has the resources to provide a total continuum of services to deal with all the problems that impinge upon a child with a disability and his family (Linder, 1983). The advantages of interagency coordination include the elimination of duplication of services facilitating more effective use of personnel and resources and releasing dollars for other needed services. In addition, the identification of gaps in services leads to the initiation of efforts to provide needed services. Coordinated efforts enable parents and service providers to efficiently locate and manage necessary services for the target child.

Transition to the Next Environment.

The importance of planning for transitions into the child's next educational environment was emphasized throughout a child's enrollment in N.E.P.. Transition has been defined as an outcome oriented process (Will, 1984). It has further been described as strategies and procedures that are planned and employed to ensure the smooth placement and subsequent adjustment of the child as he or she moves from one program to another (Hutinger, 1981). The key elements of this process are planning and cooperation. The N.E.P. required that intervention goals and instructional strategies reflected the development of skills which were to be needed for success in each child's next educational environment.

III. MODEL DESCRIPTION

The Niños Especiales Outreach Training Project has been successful in the development, implementation, and evaluation of a number of training activities based on the service model and findings of the Niños Especiales Program. The training focused on providing early interventionists with information and technical assistance on how to develop a culturally sensitive, family focused early intervention program. The training activities included:

1. Workshops to provide information.
2. Institutes (long-term training) to develop skills in culturally sensitive early intervention services.
3. Technical assistance to enable early intervention programs to replicate the service components developed by N.E.P. (including training in Spanish).

Each activity utilized the latest information on adult learning and inservice training to ensure the use of effective and efficient procedures. The training process included seven steps derived from Knowles (1975). The steps included: 1) establishing a physical and psychological environment for learning; 2) creating mechanisms for mutual planning; 3) diagnosing specific learning needs; 4) formulating learning objectives; 5) implementing training via a number of techniques; 6) continually evaluating the participant's performance; and 7) providing follow-up on all training activities.

The project targeted service providers who designed, implemented and/or evaluated early intervention services to families from Puerto Rico. This included both local and state program personnel. Participants were enrolled in training without any stipulations in regard to their race, color, age, religion, SES or ability.

Methods and Procedures

The methods used in this outreach project contained model practices which were utilized by the N.E.P. demonstration project. The practices were refined and implemented to early interventionists in New York and Connecticut through training workshops, institutes, and on-site technical assistance for program replication and task completion. Each training component will be described.

Component 1: Workshops

Content

Workshops were a low cost, high visibility mechanism for disseminating information. The content of each workshop revolved around culturally sensitive services. This was the most popular workshop. Workshops on the Individualized Family Service Plan, Family Centered Care, Transitioning, Interagency Coordination,

and Transdisciplinary Teaming were also developed to focus on the original N.E.P. project elements. Information from each workshop is included in Appendices C-H respectively.

Process

Specific content for workshops was derived from a combination of needs assessment surveys and direct requests from an agency or program serving Puerto Rican families. Workshops were conducted throughout the three year period of the project in both Connecticut and New York. Each workshop lasted approximately three hours and contained didactic activities as well as practicum exercises on the workshop topic. An agenda for each workshop was prepared, as were objectives, materials and a bibliography to meet the specific needs of the participants. The workshops were publicized through the dissemination of a project brochure, and statewide newsletters.

Participants

Workshops were open to service providers involved in the provision of early intervention (as defined in Part H of IDEA) to young children (age birth to five) of Puerto Rican heritage and their families. Participants included administrators, directors, teachers, social workers, assistants, nurses, aides, therapists, psychologists and family members. Educational levels ranged from High School Degrees to Master's Degrees in a variety of fields. A maximum of 50 participants were allowed for one workshop.

Component 2: Institutes

Content

Institutes were offered on cultural sensitivity specific to the Puerto Rican population as documented by N.E.P. project outcomes. The content was covered in a series of sessions. The syllabi, tasks, and evaluation measures for the institute are in Appendices N and O respectively.

Process

Institutes consisted of half-day sessions of didactic and activity-based teaching. The participants that enrolled in an institute, had to complete evaluation procedures and a training contract. Institutes ranged in length from five to seven half-days conducted weekly, biweekly, or monthly as determined by the participants. A training manual for the institute was developed and shared with each participant. All of the institutes were held at a location convenient to all the participants.

A unique feature of the institutes was the follow-up support which was provided for up to one year on-site. The support focused on technical assistance that insured institute content was implemented and the competency based tasks which were part of

the institute were completed. The tasks represented practical applications on the training content. Follow-up consisted of on-site meetings, demonstrations and feedback with each participant. Participants that completed follow-up were given a certificate of completion.

Project staff led each institute session following the developed agenda, while allowing for flexibility in adapting to individual concerns, interests and issues. A variety of training techniques were used including role plays, brainstorming, case studies, group discussion, individual and group tasks, and video presentations. The first and last session had time set aside for the completion of pre and post evaluation measures.

Participants

Service providers in Connecticut and New York who provided early intervention services (as defined by Part H of IDEA) to families of children age birth to five from Puerto Rico were eligible for enrollment in an institute. The institute was limited to twelve participants. A formal recruitment process was developed through a needs assessment and brochure that was mailed to early intervention programs in both New York and Connecticut. Participants included administrators, directors, teachers, assistant teachers, social workers, therapists, psychologists, and nurses.

Component 3: Technical Assistance for Program Replication

Content

The N.E.P. demonstration model was comprised of five model elements which were based on a philosophical orientation. Programs that wanted to replicate the N.E.P. project had to implement services in accordance to the five elements: family orientation; cultural sensitivity; transdisciplinary teamwork; interagency collaboration; and transitioning. These elements had a specific curriculum application. Additionally, projects were assisted in implementing the project's policies, procedures, and evaluation design according to the N.E.P. project manual. Information on replication is included in Appendices R and S respectively.

Process

Program replication consisted of at least one year of participation with the outreach project and one year of follow-up. The outreach staff used a training protocol with the replication sites. If the program decided to participate in replication; all staff and families were asked to be part of the replication activities and evaluation procedures. Training activities were individualized and technical assistance proceeded at a pace dictated by the replication site. Outreach staff provided modeling and feedback to replication site staff as content was being implemented. A series of program competencies were used to insure that programs were implementing the

N.E.P. service model. The program competencies can be found in Appendix R. A replication manual was distributed to programs that participated in replicating N.E.P.

Participants

Early intervention programs that serve infants (age birth to three) of Puerto Rican heritage and their families within Connecticut and New York were eligible for replication. These programs were able to serve other infants as well since the N.E.P. components were applicable to any infant with a disability and his or her family. The project provided on-site technical assistance for program replication to two programs during years one and two and technical assistance without replication for programs during year three.

A more detailed explanation of the procedures follow under description of the progress during the three years within each project objective.

Objective 1.0 To manage the project.

Activity 1.1 Hire staff. All staff was hired following affirmative action guidelines. Vitae for key personnel are in Appendix A.

Activity 1.2 Develop project brochure. The project brochure was developed and printed during the first year. It was refined and reprinted during the second year. It contains information on project components and eligibility criteria for early intervention programs and agencies. Appendix B contains the project brochure.

Activity 1.3 Distribute brochure. The project brochure was distributed throughout Connecticut and New York. A mailing was sent out to recruit training participants in October 1991. A second mailing was sent out in January 1992, and in the beginning of March 1992 brochures were sent to DayCare and HeadStarts in Westchester County, NY. The brochure has also been distributed informally through presentations and conferences.

Activity 1.4 Refine evaluation instruments. Instruments for each of the original evaluation questions stipulated in the original grant proposal were developed and refined continually during the project.

Objective 2.0 To provide workshops

Activity 2.1 Develop and refine agendas and workbooks for workshops. The agendas were developed and refined by accommodating information to meet program needs. A copy of the agendas, list of readings, pre/post questionnaires, demographic form and session evaluation for all workshop topics are in the following Appendices:

Appendix C: Cultural Sensitivity; Appendix D: Individual Family Service Plans; Appendix E: Family Centered Care; Appendix F: Transition; Appendix G: Interagency Coordination; and Appendix H: Transdisciplinary Teaming. The Cultural Sensitivity and IFSP workbooks were completed during the second year. Their table of contents and introductions are included in Appendix V.

Activity 2.2

Recruit participants. During year one, most recruitment was done informally through project presentations and dissemination of project information at community committees such as the Connecticut Commission on Disabilities, Health and Minorities. For example, the workshop held on 8/12/91 with the Department of Mental Retardation (DMR) Region 6 was a result of a workshop training done for the DMR central office in May 1991. In October 1991, the project brochure was mailed to early intervention programs for recruitment of new participants for workshops or institutes with replication. As a result of the first mailing eight programs, 6 in New York and 2 in Connecticut requested more information on training activities. Four of those resulted in scheduled training.

To continue recruitment efforts during the second year, a second mailing was sent out in January of 1992 to more early intervention programs in the Metropolitan New York area. In March 1992 a mailing was sent to DayCare Centers and HeadStarts in Westchester County, NY. As a result of these mailing, program visits were scheduled to review program needs and decide appropriate training content. From these visits, nine workshops were scheduled on Cultural Sensitivity. In an attempt to improve recruitment efforts, especially to find programs interested in institutes, a Training Needs Assessment was developed and mailed out in July 1992 to early intervention programs in New York and Connecticut. See Appendix J for a copy of the Training Needs Assessment Chart. All programs contacted requested information on cultures aside from the Puerto Rican population. To accommodate this request, a bibliography was developed and used as a resource for training. The bibliography was continually updated with relevant literature. See Appendix M for a copy of the updated bibliography.

During the third year, recruitment focused on finding programs for regional workshops on Cultural Sensitivity. After programs were contacted about training, they were required to complete a Request for Training Form which specified the type of training, number of participants, and location of program. Programs then completed the Needs Assessment Form. This Form helped to insure that

training materials were specific to each program's unique needs. See Appendix I for a copy of the Request for Training and Needs Assessment Form.

Activity 2.3

Implement workshops. Since the beginning of funding, training has been conducted in New York, Connecticut and Massachusetts. Forty individual on-site program workshops have been implemented: 38 on Cultural Sensitivity; 1 on Family Centered Care; and one on the IFSP. Three regional workshops on Cultural Sensitivity were conducted during the third year. In addition, seven presentations on Cultural Sensitivity were conducted at various conferences or meetings. All individual program workshops were held on-site at the specific program's location. Regional workshops were held at a location that was convenient and centrally located to the participants. Trainings were two to four hours long depending upon the topic requested and the participant's or program's needs. Table 1 lists all of the workshops that were held during the three project years with additional information regarding agency focus, workshop topic, and number of participants.

Activity 2.4

Provide follow-up to workshop participants. Workshop participants were contacted one, and six months after the workshop through a letter or phone contact. This was done to inquire about the program's use of the workshop materials and their need for additional information. The majority of the programs responded favorably to training outcomes and identified staff as being more respectful and sensitive to families from diverse backgrounds. Several programs requested additional information concerning folk-healing and Hispanic resources in their community. Specific articles were mailed and/or contacts made to assist the program in coordinating within their community. Materials that were sent are included in the dissemination record under Project Impact in this report. A copy of the workshop follow-up letter is included in Appendix K.

Activity 2.5

Evaluate workshops. Data collection, management and storage procedures were developed to insure that data were protected. These procedures included both hard copy (instruments & trainings), and software systems. DBASE III+ system and SPSS were used for data storage and descriptive analysis. The data which were collected reflect both formative and summative evaluation procedures. These procedures are described in detail within section V of the original proposal and in the Results section of this report. All workshop data was compiled into tables which can also be found in the Results section of this report.

TABLE 1. WORKSHOP LIST

DATE	AGENCY NAME & ADDRESS	TOPIC	AGENCY FOCUS
2/91	Stepping Stone Kew Garden Hill, NY	Cultural Sensitivity	Provide educational & therapeutic services to children with multiple disabilities and their families.
4/91	STAR New Canaan, CT	Cultural Sensitivity	Provide educational & therapeutic services to children with multiple disabilities and their families.
5/91	CT. Department of Mental Retardation (DMR) Central Office Hartford, CT	Cultural Sensitivity	State agency that provides services to children & adults with disabilities and their families.
6/91	Continuing Education Consortium for Early Intervention Providers (CECEIP) Lowell, MA	Cultural Sensitivity	State network of training and technical assistance for early intervention programs.
6/91	Continuing Education Consortium for Early Intervention Providers (CECEIP) Northampton, MA	Cultural Sensitivity	State network of training and technical assistance for early intervention programs.
6/91	Continuing Education Consortium for Early Intervention Providers (CECEIP) Wellesley, MA	Cultural Sensitivity	State network of training and technical assistance for early intervention programs.
7/17/91	New York University, School of Continuing Education New York, NY	Cultural Sensitivity	Private university that has large education and professional development training programs.
8/91	CT. Department of Mental Retardation (DMR) Region VI, New London CT	Cultural Sensitivity	State agency that provides services to children & adults with disabilities and their families.
9/30/91	Capitol Region Education Council, Bloomfield, CT	Cultural Sensitivity	State agency that provides services to children with disabilities and their families.
1/8/92	March of Dimes White Plains, NY	Cultural Sensitivity	National organization that provides information & training on maternal & child health issues.

TABLE 1. WORKSHOP LIST (CONT'D)

DATE	AGENCY NAME & ADDRESS	TOPIC	AGENCY FOCUS
1/15 & 1/16/92	NYU Resource Access Project 48 Cooper Square New York NY	Cultural Sensitivity (4)	National network of training & technical assistance for Head Start Services to young children with disabilities and their families.
1/30/92	Easter Seal 26 Palmer Seal Road Stamford CT	Individual Family Service Plans	Private non-profit educational program serving children & adults w/ disabilities and their families.
2/6/92	CT Resource Access Project 55 Chapel Street Newton MA	Cultural Sensitivity (2)	National network of training & technical assistance for Head Start Services to young children w/ disabilities and their families.
2/10 & 2/11/92	NJ Resource Access Project 48 Cooper Square Room 103 New York NY	Cultural Sensitivity (3)	National network of training & technical assistance for Head Start Services to young children w/ disabilities and their families.
3/6/92	MA Resource Access Project 55 Chapel Street Newton MA	Cultural Sensitivity (2)	National network of training & technical assistance for Head Start Services to young children w/ disabilities and their families.
3/25/92	CT Department Of Mental Retardation (DMR) Region II Farmington CT	Cultural Sensitivity	State agency that provides services to children & adults with disabilities and their families.
4/29/92	Danbury Head Start Churchill Road Danbury CT	Cultural Sensitivity	Provide educational support and services for children and families.
4/30/92	Hebrew Academy for Special Children 55 Remsen Avenue Brooklyn, NY	Family Centered Care	Provide educational and related services for children with disabilities and their families.
5/6/92	East River Child Development Center 577 Grand Street New York NY	Cultural Sensitivity	Preschool special education program. Provides educational and related services for children w/ disabilities.

TABLE 1. WORKSHOP LIST (CONT'D)

DATE	AGENCY NAME & ADDRESS	TOPIC	AGENCY FOCUS
5/7/92	BOCES Northern Westchester 200 Boces Drive Yorktown Heights NY	Cultural Sensitivity	Home based early intervention program for children with disabilities and their families.
5/22/92	St. Peter's Day Care 240 Hawthorne Avenue Yonkers NY	Cultural Sensitivity	Provides educational and support services for children and families.
5/28/92	Middletown Day Nursery P.O. Box 134 Middletown NY	Cultural Sensitivity	Provides educational and support services for children and families.
5/29/92	Yonkers Day Care 150 Woodworth Avenue Yonkers, NY	Cultural Sensitivity	Provides educational and support services for children and families.
6/5/92	New Paltz (CDC) P.O. Box 312 New Paltz NY	Cultural Sensitivity	Provides educational and support services for children and families.
6/25/92	Center for Child Development Morris Ave. Bronx, NY	Cultural Sensitivity	Provides educational and support services for children and families.
7/7/92	Generations 220 Ferris Avenue White Plains NY	Cultural Sensitivity	Provides drug rehabilitation and parenting skills classes for parents. Provides day care services for children at risk.
7/15/92	Humpty Dumpty 16 West Street Wappingers Falls NY	Cultural Sensitivity	Provides integrated educational and support services for children and families.
7/16/92	New Alternatives 37 W 26th Street New York NY	Cultural Sensitivity	Provides assessment and referral services for children with disabilities.

TABLE 1. WORKSHOP LIST (CONT'D)

DATE	AGENCY NAME & ADDRESS	TOPIC	AGENCY FOCUS
9/1/92	House on the Hill P.O. Box 210 Goshen NY	Cultural Sensitivity	Provides integrated educational and support services for children and families under the Agricultural Head Start Programs.
9/2/92	United Cerebral Palsy 122 E 23 Street New York NY	Cultural Sensitivity	Provides education and therapeutic services for children with multiple disabilities.
9/8/92	United Cerebral Palsy Box 555 Purchase NY	Cultural Sensitivity	Provides education and therapeutic services for children with multiple disabilities.
9/22/92	Grosvenor Day Care 176 W 105 Street New York NY	Cultural Sensitivity	Provides education and support services for children and families.
9/25/92	Connecticut Head Start Coordinators Conference, Cromwell CT	Cultural Sensitivity	Provides education and support services for children and families in Head Start Programs.
3/23/93	Early Childhood Direction Center Kingston, NY	Regional Wksp on Cultural Sensitivity	Provides coordination and referral services for children and families.
4/20/93	Westchester Opportunity Educational Program WESTCOP. White Plains, NY	Regional Wksp on Cultural Sensitivity	Provides coordination, training and technical assistance for Head Start and Day Cares in Westchester Co.
6/15/93	March of Dimes Poughkeepsie, NY	Regional Wksp on Cultural Sensitivity	National organization that provides information & training on maternal & child health issues.

- Objective 3.0** **To provide long term training to early intervention professionals through institutes.**
- Activity 3.1 Refine agenda. Agendas which included objectives, competencies, activities and resources were provided for each institute session. They were reviewed and refined during the second year of the project by including more information on Part H of IDEA and the IFSP. Appendix N contains a copy of the agenda, objectives, and readings/references for each institute session.
- Activity 3.2 Develop written materials. A training manual was developed and revised to match selected institute training content. This included more activities, new, updated readings, and information relevant for participating program. The project staff also assisted the Westchester County Department of Health with the translation of the Infant Monitoring Project Questionnaire. Six Questionnaires were translated. This is further discussed in the Project Impact section of this report.
- Activity 3.3 Recruit institute participants. Participants were recruited through the project brochure described in activity 2.2. In an attempt to improve recruitment efforts, a Training Needs Assessment was drafted with the purpose of obtaining more information on the needs of early intervention programs. The Chart was mailed to programs in New York and Connecticut. A copy of the completed chart with information from each program is included in Appendix J. As a result of this recruitment effort, eight additional institutes were scheduled during 1992-1993.
- Activity 3.4 Implement institute. Institutes were offered quarterly (every three months) insuring four institutes per year, for a total of 12 institutes during the three project years. The institutes were held at a central location in Connecticut or New York, and consisted of weekly or twice monthly sessions (duration being topic specific) of two and one-half hours. Table 2 lists all of the institute training completed during the three project years with additional information on dates and times of training and follow-up and number of participants.
- Activity 3.5 Provide follow-up. Institute participants were required to implement training content at their program site. The participants were followed for up to one year after institute completion. Follow-up included on-site technical assistance and group training meetings to assist with task completion and obtain six month follow-up evaluation measures. See Appendix P for institute follow-up evaluation measures.

TABLE 2.
PROGRAMS THAT RECEIVED CULTURAL SENSITIVITY INSTITUTE TRAINING DURING
1990-1991.

PROGRAM NAME	# OF PARTICIPANTS	START DATE	END DATE	NUMBER OF SESSIONS	LENGTH OF SESSIONS	DATES OF FOLLOW UP
Institute I Department of Mental Retardation (DMR) Region III Willimantic, CT	29	9/24/90	11/27/90	6	2 Hours	11/27/90 to 4/91
Institute II Department of Mental Retardation (DMR) Region IV Bridgeport, CT	13	12/3/90	1/16/91	6	2 Hours	1/16/91 to 10/91
Institute III Department of Health Developmental Clinic Hartford, CT	3	4/15/91	5/20/91	6	2 Hours	5/20/91 to 7/18/91

TABLE 2.
PROGRAMS THAT RECEIVED CULTURAL SENSITIVITY INSTITUTE TRAINING DURING
1992-1993.

PROGRAM NAME	# OF PARTICIPANTS	START DATE	END DATE	NUMBER OF SESSIONS	LENGTH OF SESSIONS	DATES OF FOLLOW UP
Institute IV Blythdale Children's Hospital Valhalla, NY	9	2/25/92	3/24/92	5	2 Hours	3/24/92 to 9/29/92
Institute V The Shield Institute Flushing, NY	6	10/21/92	11/16/92	5	2 Hours	11/16/92 to 4/20/93
Institute VI First Step Early Childhood Center Richmond Hill, NY	10	10/21/92	1/5/93	6	2 Hours	2/24/93 to 4/20/93
Institute VII Board of Education & Services for the Blind (BESB) Wethersfield, CT	9	10/29/92	12/17/92	6	2 Hours	12/17/92 to 4/20/93
Institute VIII Milestone School for Child Development, Brooklyn, NY	8	10/30/92	11/20/92	4	2 Hours	11/20/92 to 3/26/93
Institute IX EASTCONN Preschool Columbia, CT	9	11/10/92	12/8/92	2	2 Hours	12/8/92 to 4/20/93
Institute X Easter Seal Rehab. Program Meriden, CT	5	12/11/92	12/17/92	2	2 Hours	No Follow up
Institute XI Hebrew Academy for Special Children Woodmere, NY	8	1/13/93	3/10/93	6	2 Hours	3/10/93 to 5/5/93
Institute XII First Step Early Childhood Center Howard Beach, NY	12	1/19/93	3/30/93	5	2 Hours	3/30/93 to 5/18/93

- Activity 3.6 Evaluate institutes. The institutes were evaluated using a variety of methods that measured the effectiveness of the project. Both formative and summative techniques were used. A variety of types of objective, quantifiable data were obtained on a continuing basis throughout the project. A discrepancy evaluation model was utilized, and in some cases comparisons between groups were appropriate. These procedures were fully described in section V of the original proposal and are included in the results section of this report. See Appendix O for copies of the institute evaluation measures.
- Hard copies were kept of each participant's evaluation measures. An IBM PC was used to store data and Data Base III+ and SPSS were used to analyze the project's impact.
- Objective 4.0 **To replicate policies and procedures of the N.E.P. within early intervention programs in New York and Connecticut.**
- Activity 4.1 Refine procedural handbook. The N.E.P. had a procedural handbook which contained policies and procedures of the intervention program. The handbook was completed during year two of the project. See Appendix R for a copy of the table of contents.
- Activity 4.2 Refine criteria for agency replication. Agencies and programs had to meet certain criteria to participate in program replication. The criteria was refined and is included in Appendix R.
- Activity 4.3 Recruit agencies and programs for replication. Agencies and programs were recruited as specified in activity 2.2. See Appendix R for copies of the Program Review, Replication Tasks, Replication Contract and Self-Rating Scale.
- Activity 4.4 Implement replications. Project staff implemented replications over a period of one year. The participating programs received in-depth training, demonstration and feedback on the N.E.P. elements: family orientation; cultural sensitivity; transition; interagency coordination; and transdisciplinary teaming. Other N.E.P. policies and procedures were implemented by participating programs as specified in the procedural handbook. See Appendix S for a copy of the replication schedule.
- Activity 4.5 Evaluate replications. The replications were evaluated as specified in section V of the original proposal. Most of the evaluation was based on fidelity measures of the project elements. See Appendix T for the replication data and IFSP'S that were developed for the

children and families that participated in program replication. See Appendix U for copies of the agency and individual case studies.

IV. PROJECT RESULTS

Data has been gathered on early intervention staff who participated in workshop or institute training. Data was also collected on children and families who participated in program replication. Since the project model utilized pre/post questionnaires to evaluate each workshop and institute as a whole there is much data available to assess the effectiveness of this project.

Since the project began, 760, people have received training. There were 121 people who received training through institutes and 639 who received training through individual program or regional workshops. Looking at the overall results of the workshops from Table 3, it is clear that the training's were effective. This is demonstrated by the increase between the pre and post scores from every training. The t scores and probability also highlight the fact that the changes were not due to chance but to actual learning. The workshops provided a high visibility and successful format for introducing staff to important issues in early intervention service delivery. Overall, all workshops combined show an average increase of 38 percentage points between the pre and post questionnaires. The lowest mean score for the pre questionnaire was 27% and the highest was 66%. The lowest mean score for the post questionnaire was 66% and the highest was 95%.

Overall Results from Institute Training.

Several instruments were administered during the institute for the purpose of evaluating participants. These included the Demographic or Participant Questionnaire, Motivation Questionnaire, Pre/Post Test Questionnaire, Self-Rating Questionnaire, and Consumer Satisfaction Questionnaire. These are all explained in detail in the evaluation section of the original proposal and are included in Appendix O of this report.

Institute Demographics:

Tables 4-7 discuss specific demographic characteristics of the different institute participants. Table 4, "Participant's Discipline", shows that out of the 121 total number of participants, the majority were early childhood special educators (35). Psychologists were the least represented discipline with only (3) from all the institutes. Overall, the institute participants represented a mixture of clinical and educational staff which helped to demonstrate the importance of good teaming practices and communication between all staff members. Table 5, "Highest Degree Earned", points out the largest majority of participants had a M.S. degree (33%) and the smallest percentage of participants had a Doctoral degree (3%). Table 6, "Area of Certification", clearly demonstrates the fact that 28% of the participants were certified in Special Education while 15% were certified in Early Childhood. It is interesting to compare this figure with the finding that even though the majority of participants checked their discipline as early childhood special education; many of them were actually certified in special education; not early childhood. Table 7, "Did Participants Have Formal Training?", shows that the majority of the participants (65%) had received formal training on topics

TABLE 3. WORKSHOP DATA

Date	Work-shop	Program Name	N	Pre-Test Mean	Post-Mean	% Of Change	T Score & Probability
2/91	A	Stepping Stone, Kew Garden Hill, NY	15	27%	81%	54%	Incomplete data
4/91	B	STAR New Canaan, CT	8	41%	78%	37%	t=5.48 p<.001
5/91	C	DMR Central Office Hartford, CT	26	41%	78%	37%	t=9.40 p<.000
6/91	D	Continuing Education Consortium, Lowell MA	12	40%	78%	38%	t=6.97 p<.000
6/91	E	Continuing Education Consortium, North Hampton, MA	11	31%	72%	41%	t=7.84 p<.000
6/91	F	Continuing Education Consortium, Wellesley, MA	11	49%	95%	46%	t=12.68 p<.000
7/91	G	New York University, NY, NY	7	49%	91%	42%	t=5.81 p<.001
8/91	H	DMR Region 6 New London, CT	12	29%	81%	52%	t=8.87 p<.000
9/30/91	I	Capital Region Education Council (CREC), CT	21	46%	90%	44%	t=14.83 p<.000
1/8/92	J	March of Dimes White Plains, NY	11	39%	82%	43%	t=7.37 p<.000

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TABLE 3. WORKSHOP DATA (CONT'D)

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% Of Change	T Score & Probability
1/15/92	K	NYU Resource Access Project, NY	24	43%	76%	33%	t=8.49 p<.000
1/15/92	L	NYU Resource Access Project, NY	15	39%	88%	48%	t=12.80 p<.000
1/16/92	M	NYU Resource Access Project, NY	19	30%	76%	46%	t=13.47 p<.000
1/16/92	N	NYU Resource Access Project, NY	12	45%	75%	30%	t=6.87 p<.000
1/30/92	O	Easter Seal Stamford, CT	10	43%	73%	30%	t=5.46 p<.000
2/6/92	P	CT Resource Access Project, Newton MA	16	34%	78%	44%	t=8.15 p<.000
2/6/92	Q	CT Resource Access Project, Newton MA	11	33%	76%	43%	t=9.26 p<.000
2/10/92	R	NJ Resource Access Project, NY NY	20	36%	66%	30%	Incomplete data
2/10/92	S	NJ Resource Access Project, NY NY	11	36%	66%	30%	t=5.16 p<.000
2/11/92	T	NJ Resource Access Project, NY NY	16	30%	58%	28%	t=6.37 p<.000

TABLE 3. WORKSHOP DATA (CONT'D)

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% Of Change	T Score & Probability
3/6/92	U	MA Resource Access Project, Newton MA	25	17%	50%	33%	t=9.23 p<.000
3/6/92	V	MA Resource Access Project, Newton MA	13	59%	93%	37%	t=6.31 p<.000
3/25/92	W	DMR Region II Farmington, CT	10	55%	85%	30%	t=4.05 p<.003
4/29/92	X	Danbury Head Start Danbury, CT	13	51%	88%	37%	t=9.86 p<.000
4/30/92	Y	Hebrew Academy for Special Children Brooklyn, NY	15	28%	73%	45%	t=8.71 p<.000
5/6/92	Z	East River Child Development Center New York, NY	28	54%	81%	27%	t=4.50 p<.000
5/7/92	AA	BOCES Northern Westchester, NY	14	51%	90%	39%	t=9.56 p<.000
5/22/92	BB	St Peter's Day Care Yonkers, NY	9	48%	92%	44%	t=6.59 p<.000
5/28/92	CC	Middletown Day Nursery Middletown, NY	12	50%	84%	34%	t=5.65 p<.000
5/29/92	DD	Yonkers Day Care Yonkers, NY	14	32%	71%	39%	t=6.94 p<.000

TABLE 3. WORKSHOP DATA (CONT'D)

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% Of Change	T Score & Probability
6/5/92	EE	New Paltz Child Development Center New Paltz, NY	12	29%	78%	48%	t=6.66 p<.000
6/24/92	FF	Center for Child Development Bronx, NY	14	56%	85%	29%	t=4.44 p<.001
7/7/92	GG	Generations White Plains, NY	8	54%	95%	41%	t=5.02 p<.002
7/15/92	HH	Humpty Dumpty Wappingers Falls, NY	7	38%	71%	33%	t=4.06 p<.007
7/16/92	II	New Alternatives New York, NY	7	59%	95%	41%	t=4.23 p<.005
9/1/92	JJ	House on the Hill Goshen, NY	15	66%	84%	18%	t=2.59 p<.021
9/2/92	KK	United Cerebral Palsy New York, NY	19	54%	94%	40%	t=6.61 p<.000
9/8/92	LL	United Cerebral Palsy Purchase, NY	28	42%	93%	51%	t=12.76 p<.000
9/22/92	MM	Grosvenor Day Care New York, NY	4	34%	87%	53%	Incomplete data
9/25/92	NN	CT. Head Start Coordinators Conference, CT	11	59%	86%	27%	t=5.81 p<.000

TABLE 3. WORKSHOP DATA (CONT'D)

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% of Change	T Score & Probability
3/23/93	OO	Early Childhood Direction Center, Kingston, NY	11	53%	92%	39%	t=9.5 p<.000
4/20/93	PP	Westchester Opportunity Educational Program White Plains, NY	22	44%	83%	39%	t=11.68 p<.000
6/15/93	QQ	March of Dimes Poughkeepsie, NY	11	49%	95%	46%	t=12.68 p<.000

Table 4

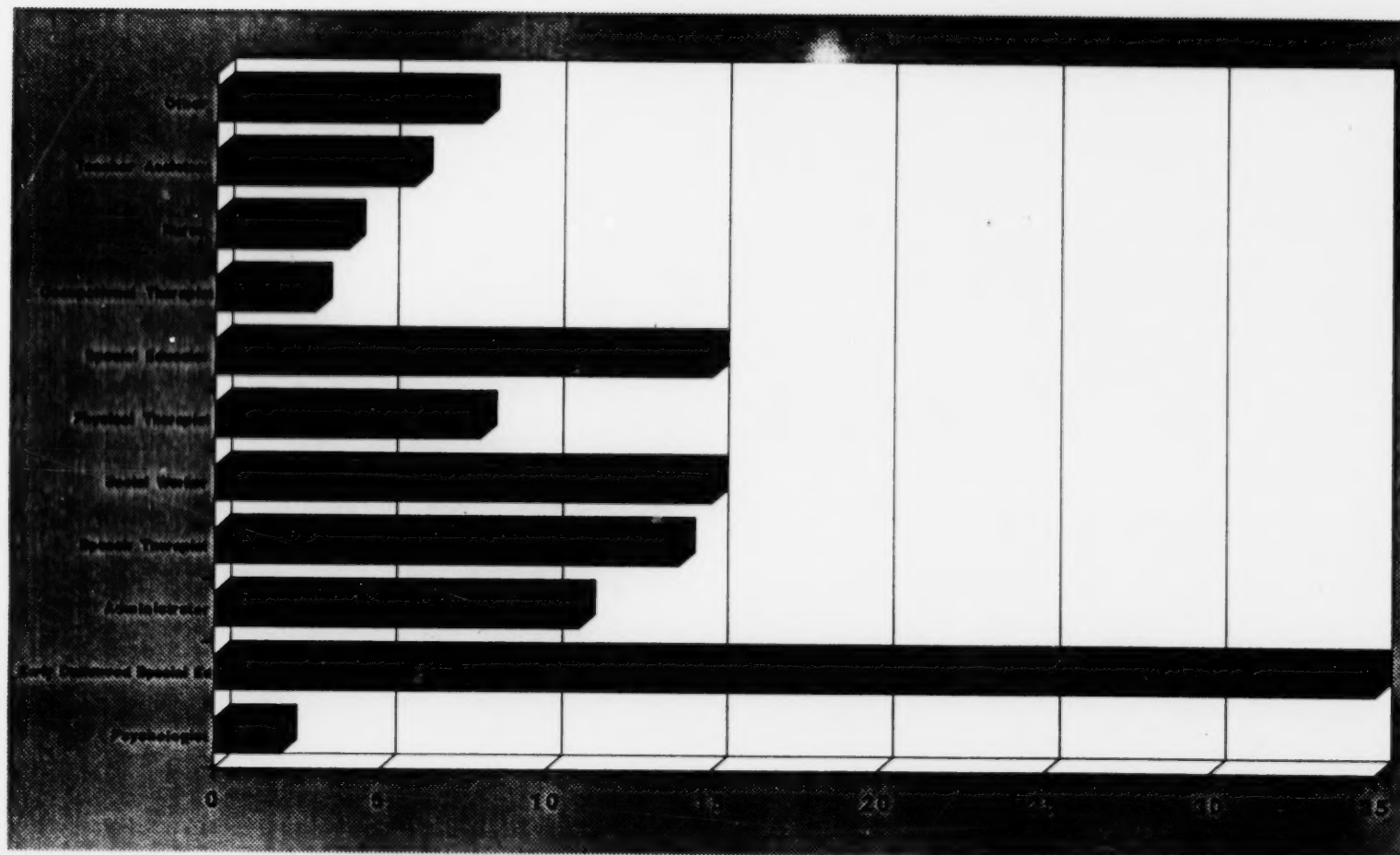
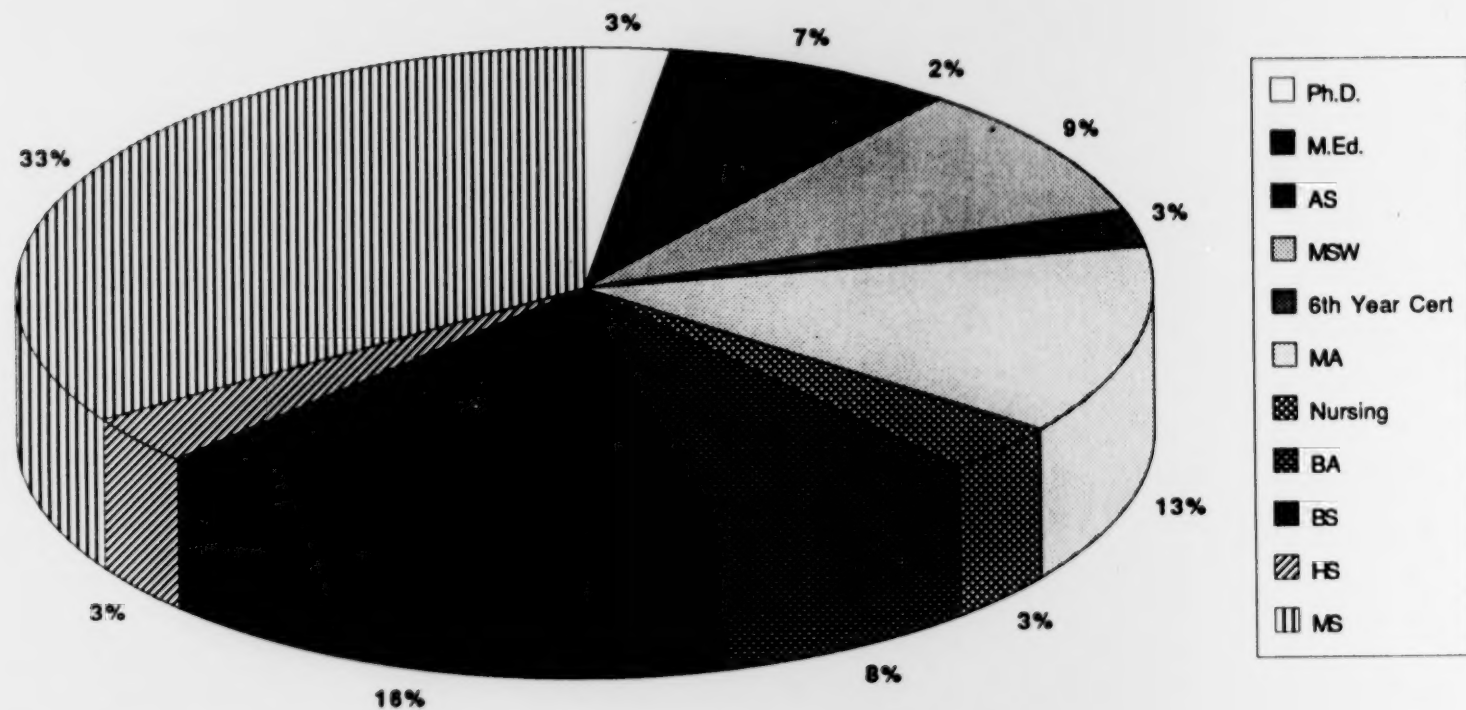


Table 5



30

48

47

Highest Degree Earned

Table 6

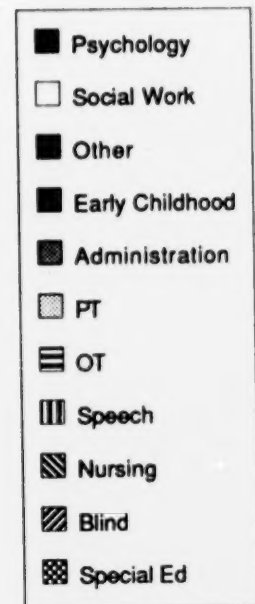
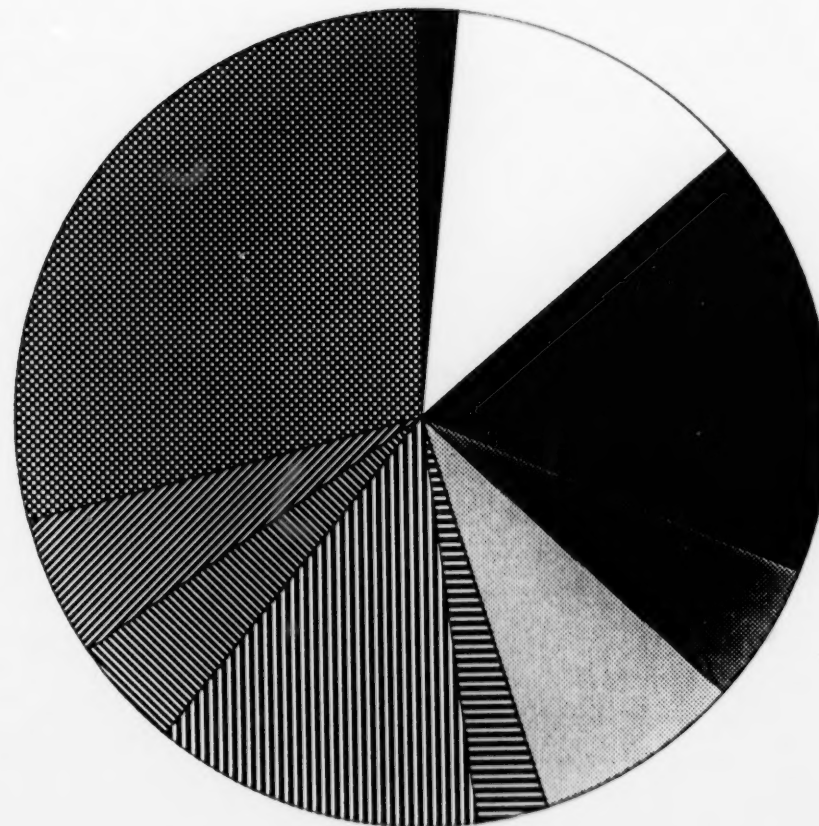
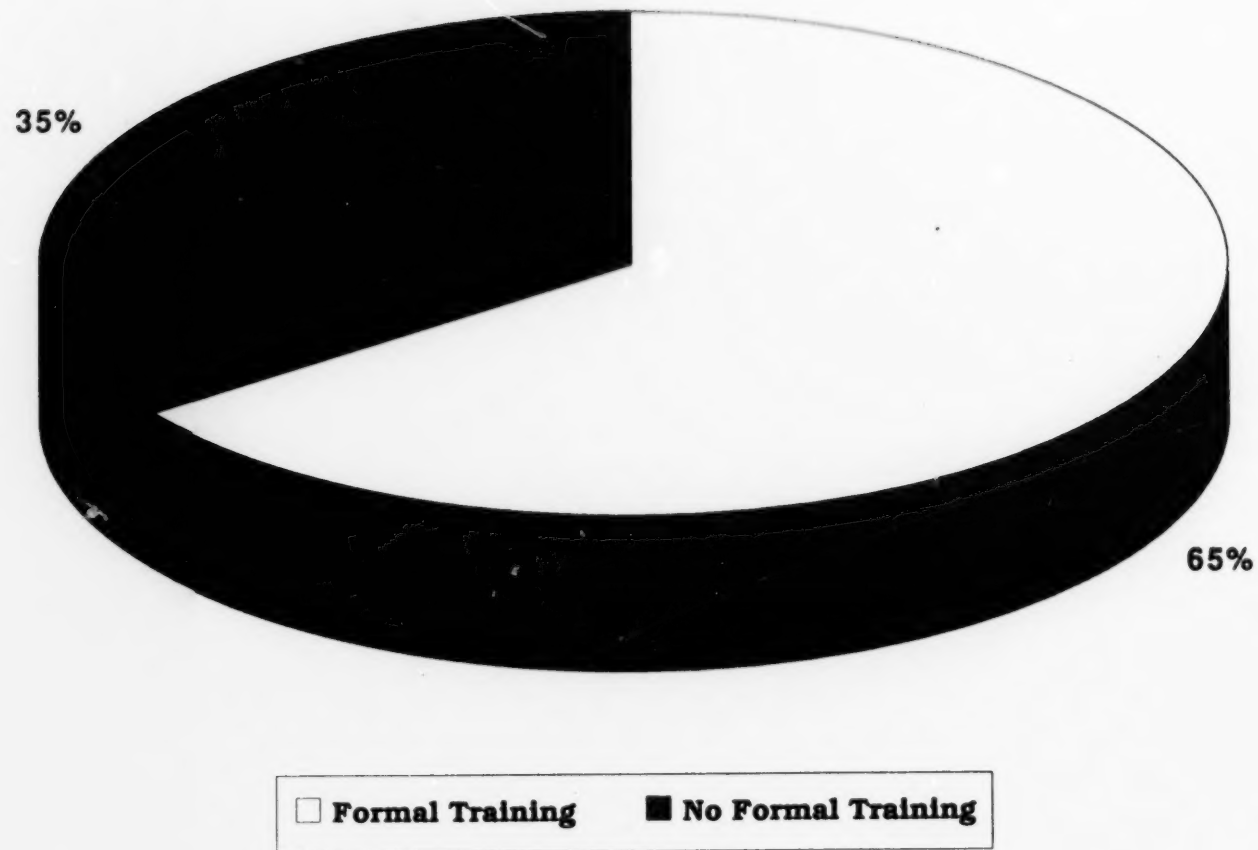


Table 7



Did participants have formal training?

related to working with children from birth to five; while (35%) had not received any training on this topic. The average years of experience the participants had working with the birth to five population was 5 ; while 9.3 years was the average the participants had working within the field of special education in general. Specific demographic information and results for each separate institute are in Appendix Q.

Pre/Post Questionnaire

Pre/post questionnaires were administered to each participant to test on the content of the training during orientation, after the institute, and then three or six months later after follow-up was completed.

Table 8 has the overall pre/post and follow-up scores for each institute as well as corresponding T scores and probability. The overall mean pre-test score for all institutes was 29% , and the mean post test score was 85%. The mean follow-up test score was 88%. The overall t score was $t=25.00$, $p<.000$. The overall percentage of change across all the institutes shows that there were significant gains in knowledge. The follow-up scores point out that retention and application of training curricula was achieved. This table clearly shows that the institute training's were effective and successful. The four institutes that show no follow up data were due to staff turnover and changes within the program site. Appendix Q provides a further breakdown of pre/post and follow-up test scores from each individual institute.

Motivation Questionnaire

The motivation questionnaire was administered to all participants during the orientation session. The questionnaire lists various factors that might have influenced their decision to attend the institute. Participants were asked to rate on a 3 point scale ("1" indicating "Not at All Important"). "2" indicating "Somewhat Important", and "3" indicating "Very Important"). In addition they were asked to star those items that were of primary in their decision to attend. Those starred items were given a rating of "4".

Results of this questionnaire were analyzed across all participants and across all twelve institutes.. The highest means were for the following items: "because I expect the information to be useful to my job" (mean=3.82); "to become better informed about cultural sensitivity" (mean=3.63); and "to become better informed about early intervention in general" (mean=3.50). The following items received the lowest means: "to help get a new job" (mean=1.62) and "because my supervisor recommended it" (mean=1.84). Although participants were required to have approval of their supervisor to attend the training, it was encouraging to see that this was not the primary reason they attended. These results also demonstrate and coincide with the principles of adult learning; principles which were embedded in this project. Information that is seen as useful and relevant for the participant will be a critical factor in training effectiveness.

TABLE 8. PRE/POST AND FOLLOW-UP DATA FROM INSTITUTES I-XII

INST. #	# OF PARTIC.	PRE-TEST MEAN	POST-TEST MEAN	% OF CHANGE	T SCORE & PROBABILITY	FOLLOW-UP TEST MEAN	% OF CHANGE	T SCORE & PROBABILITY
I	29	27%	84%	57%	t=21.21 p<.000	66%	39%	t=15.53 p<.000
II	13	27%	93%	66%	t=14.13 p<.000	87%	60%	t=10.80 p<.000
III	3	60%	92%	32%	due to small # of people, T test was not significant.	no follow-up data.		
IV	9	15%	89%	74%	t=13.08 p<.000	69%	54%	t=24.88 p<.000
V	6	20%	86%	66%	t=6.64 p<.001	91%	76%	t=14.57 p<.000
VI	10	30%	95%	65%	t=10.11 p<.000	84%	55%	t=9.03 p<.000
VII	9	39%	80%	41%	t=8.22 p<.000	92%	51%	t=13.56 p<.000
VIII	8	28%	83%	55%	t=10.64 p<.000	91%	65%	t=10.56 p<.000
IX	9	39%	80%	41%	t=9.57 p<.000	no follow-up data.		
X	5	20%	76%	56%	t=8.26 p<.014	no follow-up data.		
XI	8	32%	80%	48%	t=25.29 p<.000	no follow-up data.		
XII	12	28%	84%	56%	t=8.7 p<.000	88%	60%	t=13.12 p<.000

Self-Rating Scale

The self-rating scale was developed specific to the cultural sensitivity institute and was based on competencies to be achieved during the training. The participants rated themselves pre and post training on 11 components according to how skilled they were presently and how skilled they would like to be. The results were analyzed by assigning a number value (1-5) to each level on the scale (1=unfamiliar, 2=awareness, 3=knowledge, 4=application and 5=mastery).

Results were computed and analyzed to include all 9 institutes which completed self-rating scales. The first three institutes did not complete this measure as it was being developed and refined. The results regarding how skilled participants were prior to training indicates that the majority of participants rated themselves at the level of awareness (mean=2.53). On these same items, post institute measures indicate a significant change. Participants rated themselves at the level of knowledge (mean=3.24) and the level of application (mean=4.21). Among the components that received the highest mean were "describe the differences between traditional Anglo American culture and the Puerto Rican culture, including belief in fate", (mean=3.71) and "demonstrate an understanding of P.L. 99-457 (mean=3.25). See Appendix Q for a further breakdown of individual institute self rating scale results.

Consumer Satisfaction Questionnaire

At the last training session, the consumer satisfaction questionnaire was administered. Participants were asked to rate on a five point scale (1=strongly disagree to 5=strongly agree) their satisfaction with the content of the training, the presenters, the logistics, and the impact of the training. Each item was given a mean score as rated by the groups and then means were computed for each item from each of the 12 institutes. The results indicated that the majority of the items were rated with scores of 4 or 5 demonstrating that the participants were satisfied with the institute. Items that scored above a 4 were: "the information is relevant and can be applied to my work situation" (mean=4.84); "the presenter was well prepared, organized and knowledgeable about the subject" (mean=4.92); and "the presenter valued the input of the participants" (mean=4.83). See Appendix Q for consumer satisfaction charts from each institute.

Task Completion

In order to better meet the needs of the institute participants, task requirements were continually reviewed and updated. For a complete description of the task requirements and percentage of tasks completed per institute, refer to Table 9. All the participants in institutes 1-4 were required to complete four tasks which were designed to reflect practical application of the training content. All participants in institutes 5-12 were required to complete 3 tasks. The tasks were reviewed and updated during year two after reviewing the program needs assessments to focus on more practical and relevant topics. The tasks were shortened in response to program staff concerns and needs. The development of a culturally sensitive IFSP is one example of this type of

task. After completion of all the tasks and the evaluation post measures, participants received a Certificate of Completion. From Table 9, it is clear that 9 out of the 12 institutes completed all of the assigned tasks (75%). The other 3 institutes were unable to complete the tasks due to time constraints and/or staff turnover. For example, institute X three out of the original five participants left the program so the other two decided not to continue with follow-up and task completion. See Appendix Q for samples of tasks and task completion checklists that were completed for individual institutes.

Replication

Specific data results from children and families from institutes 1-3 that participated in program replication are included in Appendix T.

The replication process with DMR region 3 was completed at the end of September 1991. All program components were implemented and participants received assistance on strategies for culturally sensitive early intervention. See Appendix S for a copy of the replication schedule.

The replication process with DMR region 4 was initiated in the beginning of March 1991 with two families. Family and child assessments were implemented and the IFSP was developed. Due to family problems, services were discontinued in June 1991. See Appendix T for a copy of the IFSP that was developed.

A replication self evaluation form was developed to look at what participants considered important to them in the replication process as well as their perception of acquired skills. See Appendix R for a copy of the replication self-evaluation form. A family satisfaction/parent evaluation form was also developed to gain information from families regarding carryover of training. This form is also included in Appendix R. Individual case studies and agency studies from those programs that participated in replication are included in Appendix U.

Individual results for institutes I-XII with regards to specific demographic, motivational, self-rating, and consumer satisfaction information is included in the following text. As mentioned before, the corresponding charts for each institute are included in Appendix Q.

Demographic Results Per Institute

Institute I consisted of 4 subteams that met Tuesday or Wednesday in the morning or afternoon. Each group had approximately 7-10 participants totaling 29 all together. There were: 14 early childhood special educators, 4 speech therapists, 3 nurses, 3 physical therapist, 2 administrators, 2 day care teachers, 1 social worker, and 1 special education teacher assistant.

**TABLE 9. CULTURAL SENSITIVITY INSTITUTE
FOLLOW-UP/ TASK COMPLETION CHART**

INSTIT- TUTE	#OF TASKS REQUIRED	RESOURCES & RESPONSIBILITIES	TIMELINE	% OF TASKS COMPLETED PER GROUP
I	Program Philosophy Family Interview, including History of Migration Community Resource File Culturally Sensitive Protocol	Only 20 of the original 29 participants completed all the tasks. This institute was involved in program replication.	F/U measures were completed 4/91.	100%
II	Program Philosophy Family Interview, including History of Migration Community Resource File Culturally Sensitive Protocol	Only 10 of the original 13 participants completed the tasks. This institute was involved in program replication.	F/U post measures were completed 10/91. Due to state budget problems at the time, follow-up was extended.	100%
III	Program Philosophy Family Interview, including History of Migration. Community Resource File Culturally Sensitive Protocol	All the institute participants completed the tasks.	There were no follow-up measures for this program. This was due to the fact that 2 of the 3 participants changed jobs.	100%
IV	Program Philosophy Family Interview Community Resource File Culturally Sensitive Protocol	All the institute participants completed the tasks.	F/U measures were completed 9/24/92.	100%

**TABLE 9. CULTURAL SENSITIVITY INSTITUTE
FOLLOW-UP/ TASK COMPLETION CHART**

INSTIT- TUTE	# OF TASKS REQUIRED	RESOURCES & RESPONSIBILITIES	TIMELINE	% OF TASKS COMPLETED PER GROUP
V	Community Resource File Culturally Sensitive Protocol Culturally Sensitive IFSP	All participants except for the administrator completed the tasks. The administrator decided she did not have the time to finish.	F/U post measures were completed in May 93.	100%
VI	Community Resource File Culturally Sensitive Protocol Culturally Sensitive IFSP	Each participant was involved in F/U. They decided due to time constraints not to finish the IFSP task.	F/U post measures were completed in May 93.	66%
VII	Community Resource File Culturally Sensitive Protocol Culturally Sensitive IFSP	All participants were involved in F/U. They completed all of the tasks.	F/U post measures were completed in May 93.	100%
VIII	Community Resource File Culturally Sensitive Protocol Culturally Sensitive IFSP	All participants were involved in F/U. They completed all of the tasks.	F/U post measures were completed in March 93	100%
IX	Community Resource File Culturally Sensitive Protocol Culturally Sensitive IFSP	All participants were involved in F/U. They decided due to time constraints not to complete task#3 the IFSP.	F/U post measures were mailed in April 93. No F/U data were received.	66%
X	Culturally Sensitive Protocol Community Resource File Culturally Sensitive IFSP	Three of the participants left the program. The other two decided not to continue with follow-up. One task was completed.	Follow-up has been discontinued.	33%
XI	Community Resource File Culturally Sensitive Protocol Culturally Sensitive IFSP	All participants were involved in F/U. They completed the first two tasks during the Institute and the IFSP during follow-up.	F/U post measures mailed in April 1993. No F/U data were received.	100%
XII	Community Resource File Culturally Sensitive Protocol Culturally Sensitive IFSP	All participants were involved in F/U. They completed one task during the institute and the other two during follow-up.	F/U post measures were completed in May 93.	100%

The range of the years of experience working with the birth to five population was from a low of 2 years to a high of 15 years and with a mean of 6 years.

Seven of the participants had a Master of Science degree; six had a Master of Arts; and one had a Masters in Education. There were seven speech pathologists (CCC, SLP); three were registered nurses; seven had a Bachelor of Science and three had a Bachelor of Arts Degree. From this group, one person had a Post Master credits and one person had a 6th year certificate.

Institute II met on Wednesday afternoon for training and consisted of twelve participants. There were 7 early childhood special educators, 3 social workers, 1 speech therapist, and 1 administrator.

They ranged in years of experience in working with the birth to five population from a low of 1 year to a high of fifteen years with a mean of 5 years.

Ten of the participants in this group had a master's degree, one had a speech and language degree, two had Bachelor Degrees and two of the participants had a 6th year certificate.

Institute III consisted of three participants from the Department of Health in Hartford Connecticut. They provide developmental assessments for children at risk of developmental delay. All participants were of Hispanic origin and were working with children from birth to three and their families of Hispanic/Puerto Rican origin.

The range of years of experience working with the birth to five population was a low of 1 1/2 years to a high of 14 years with a mean of 7 years.

In this institute, 1 participant had a Ph.D., 1 had a Master of Science, and 1 had a Bachelor of Arts degree.

Institute IV was implemented with the staff from Blythdale Early Childhood Center. They provide early intervention services for children with disabilities at Blythdale Children's Hospital. They have three classes: infant, toddler and preschool, serving a total of 61 children. This program does not have a home-based component therefore, there was no N.E.P. replication. The institute met at Blythdale Children's Hospital on Tuesday afternoons for 5 consecutive weeks. There were 8 teachers and 1 supervisor making a total of 9 participants.

They ranged in years of experience working with the birth to five population from a low of 1 year to high of 10 years with a mean of 6.6 years.

In this institute, 3 participants had a Master of Science degree, 3 had a Bachelors of Science degree, 1 had a Master of Education degree, and 1 had a Masters of Arts degree.

Institute V was implemented with the staff from the Shield Institute. The Shield provides educational and therapeutic services for children from birth to 21. Their home based program provides educational services in the home, however clinical services are center-based.

The institute met at the Shield in Queens on Thursday and Monday afternoons for a total of 5 sessions. There were 3 early childhood special educators, 2 social workers, and 1 administrator, making a total of 6 participants.

They ranged in years of experience working with the birth to five population from a low of 3 months to a high of 5 years with a mean of 3 years.

In this institute, 2 participants had a Master of Social Work degree, 1 had a Master of Education degree, 1 had a Master of Science degree, 1 a Post Masters in Early Childhood, and 1 a Bachelor of Science degree.

Institute VI was implemented with the staff from the First Step Early Childhood Center. This agency provides a full day center based program for preschool children with disabilities and a home based program for children with disabilities from birth to two years of age. All clinical services are provided at the center. The program also offers parent training.

The institute met at First Step in Queens every other Wednesday for 2 hours each time (6 sessions including orientation). There were 2 administrators, 1 physical therapist, 2 early childhood special educators, 3 social workers, and 3 speech therapists, making a total of 11 participants.

The participants ranged in years of experience working with the birth to five population from a low of 1 year to a high of 20 years with a mean of 5 years.

In this institute, 3 participants had a Master of Social Work degree, 5 had a Master of Science degree, 1 had a Bachelor of Science degree, 1 had a Bachelor of Arts degree and 1 had a 6th year certificate.

Institute VII was implemented with the staff from the Connecticut Board of Education & Services for the Blind (BESB). The institute met at BESB every Thursday for 2 hours (5 sessions including orientation). There were 6 teachers and 3 social workers, making a total of 9 participants.

The participants ranged in years of experience working with the birth to five population from a low of 1 year to a high of 18 years, with a mean of 9 years.

In this institute, 3 participants had a Master of Social Work degree, 3 had a Master of Education degree, 1 had a Master of Science degree, 1 had a Master of Arts degree, and 1 had a Bachelor of Science degree.

Institute VIII was implemented with the staff from the Milestone School for Child Development. This agency offers a half day program for preschool age children with disabilities and a home based program for infants and toddlers with disabilities. The institute met at the school on Fridays for 2 hours each time (4 session including orientation). The participants included: 1 physical therapist, 1 administrator, 1 day care coordinator, 1 nurse, 2 physical therapists, 1 occupational therapist, and 1 special education coordinator for a total of 8 participants.

They ranged in years of experience working with the birth to five population from a low of 1 year to a high of 15 years with a mean of 7 years.

In this institute, 4 participants had a Master of Science degree, 3 had Bachelor of Science degrees, 1 had an Associates degree.

Institute IX was implemented with the staff from EASTCONN. This program provides home based services for infants and toddlers and center based services for preschoolers with disabilities. The institute met on Tuesdays for a total of 2 sessions. There was 1 administrator, 2 early childhood special educators, 1 speech therapist, 1 transition coordinator, 2 resource specialists, 1 child development specialist, and 1 occupational therapist making a total of 9 participants.

They ranged in years of experience working with the birth to five population from a low of 3 months to a high of 35 years with a mean of 8 years.

In this institute, 3 participants had a Master of Science in Early Childhood Special Education, 1 had Master of Arts, 1 a Bachelor of Science, 1 a Post Masters, 1 a LPN in nursing and one participant had a Ph.D.

Institute X was implemented with the staff from the Easter Seal Rehabilitation Program in Meriden, Connecticut. This agency provides home and center based therapeutic services for children with disabilities and their families.

The institute met at the Easter Seal program for two sessions. There were 2 physical therapists, 1 physical therapy assistant, 1 occupational therapist, and 1 early childhood special educator, for a total of 5 participants.

The participants ranged in years of experience working with the birth to five population from a low of no prior experience to a high of 12 years with a mean of 4 years.

In this institute, 3 participants had a Bachelors of Science degree, 1 had a Master of Science degree and 1 had an Associate degree.

Institute XI was implemented with the staff from the Hebrew Academy for Special Children (HASC) in Queens. This agency provides a full day, center-based program for infants & toddlers with disabilities and their families.

The institute met every Wednesday in February and one Wednesday in March for a total of 6 sessions. There were 2 speech pathologists, 1 social worker, 1 teacher assistant, and 4 early childhood special educators for a total of 8 participants.

The participants ranged in years of experience working with the birth to five population from a low of 2 years to a high of 10 years with a mean of 6 years.

In this institute, 1 participant had a Master of Social Work degree, 2 had a Bachelor of Science degree, 2 had a Master of Arts degree, 2 had a Master of Science degree, and one had a Master of Education degree.

Institute XII was implemented with the staff from the First Step Early Childhood Center of Howard Beach, NY. This agency provides a full day center-based program for infants & toddlers with disabilities and their families. The institute met at First Step on Tuesdays for a total of 5 sessions. There was 1 administrator, 1 physical therapist, 2 early childhood special educators, 2 speech pathologists, 2 social workers, 1 psychologist, and 3 teacher assistants for a total of 12 participants.

The participants ranged in years of experience working with the birth to five population from a low of 4 months to a high of 11 years, with a mean of 4 years.

In this institute, 1 participant had a Ph.D., 2 had a Master of Social Work degree, 2 had a Master of Arts degree, 3 had a Master of Science degree, 1 had a Bachelor of Science degree, and 2 participants had high school diplomas.

Motivation Questionnaire Results Per Institute

For institute I, the results of this questionnaire indicated that the factor with the highest mean was "to become better informed about early intervention in general" (mean=3.35). The second highest mean (3.25) was for "to become better informed about cultural sensitivity".

For institute II, the results of this questionnaire indicated that the factor with the highest mean was "to become better informed about cultural sensitivity " (mean=3.15). The other primary factors listed were "the information would be useful for my job" (mean=2.93). and "to better understand and work toward solutions of community problems" (mean=2.22).

For institute III, the results of this questionnaire indicated that there were two ties for first. The highest mean score (3.33) was a tie between "to better understand and work toward the solution of community problems", and "because I expect the information to be useful for my job".

For institute IV, the results of this questionnaire indicated that four items obtained the highest mean (2.88). They were, "to become better informed about cultural sensitivity ", "to become better informed about early intervention in general", "to better

understand and work towards the solution of community problems", and "because I expect the information to be useful for my job".

For institute V, the results of this questionnaire indicated that there were two items which obtained the highest mean (3.00). They were, "to become better informed about early intervention in general", and "to become better informed about cultural sensitivity". "To get away from my job requirements and get recharged obtained the lowest mean (1.33).

For institute VI, the results of this questionnaire indicated that "to become better informed about cultural sensitivity obtained the highest mean (3.00). "Because I expect the information to be useful for my job" obtained the second highest mean (2.81). "Because my supervisor required it" obtained the lowest mean (1.0).

For institute VII, the results of this questionnaire indicated that "because I expect the information to be useful for my job" obtained the highest mean (2.87). "To become better informed about cultural sensitivity" obtained the second highest mean (2.75). "To get a new job" obtained the lowest mean (1.0).

For institute VIII, the results of this questionnaire indicated that there were two items that obtained the highest mean (2.87). They were, "to become better informed about early intervention in general", and "to become better informed about cultural sensitivity". "To get away from my job and get recharged" obtained the lowest mean (1.0).

For institute IX, the results of this questionnaire indicated that "because I expect the information to be useful for my job" obtained the highest mean (3.0). "To become better informed about cultural sensitivity" obtained the second highest mean (2.88).

For institute X, the results of this questionnaire indicated that "to become better informed about cultural sensitivity" obtained the highest mean (2.80). "Because I expect the information to be useful for my job" obtained the second highest mean (2.60). "To help get a new job" obtained the lowest mean (1.0).

For institute XI, the results of this questionnaire indicated that "because I expect the information to be useful for my job" obtained the highest mean (2.75). "To become better informed about cultural sensitivity" obtained the second highest mean (2.62). "To meet new people" obtained the lowest mean (1.13).

For institute XII, the results of this questionnaire indicated that "because I expect the information to be useful for my job" obtained the highest mean (3.00). "To become better informed about cultural sensitivity" obtained the second highest mean (2.83). "Because CEU'S were available" obtained the lowest mean (1.00).

Self-Rating Scale Results Per Institute

For institute IV, results indicated that the majority of the participants rated themselves prior to the training at the level of awareness. On these same items, post institute results indicated a significant change. Participants rated themselves to be at the level of knowledge. The component that received the highest score was "Develop a protocol which addresses useful strategies for a culturally sensitive intervention" (pre institute mean=1.3 and post institute mean=3.5).

For institute V, results indicated that the majority of the participants rated themselves prior to the training at the level of unfamiliarity and awareness. On these same items, post institute results indicated a significant change. Participants rated themselves at the level of knowledge. Among the components that received the highest score were "useful strategies for culturally sensitive intervention" and "include other family members in service delivery that have authority in decision making" (pre institute mean=2.33 and post institute mean=3.2).

For institute VI, results indicated that the majority of the participants rated themselves prior to the training at the level of unfamiliarity and awareness. On these same items, post institute results indicated a significant change. Participants perceived themselves to be at the level of knowledge. Among the components that received the highest score were: "describe the differences between traditional Anglo American culture and the Puerto Rican culture" (pre institute mean=2.36 and post institute mean=3.82). "sense of time" (pre institute mean=2.45 and post institute mean=3.82).

For institute VII, results indicated that the majority of the participants rated themselves prior to the training at the level of awareness. On these items, post institute results indicated a significant change. Participants rated themselves at the level of knowledge and application. The component that received the highest score was "include other family members in service delivery that have authority in decision making": (pre institute mean=2.63 and post institute mean=4.00).

For institute VIII, results indicated that the majority of the participants rated themselves prior to the training at the level of unfamiliarity. On these same items, post institute results indicated a significant change. Participants perceived themselves to be at the level of knowledge. The component that received the highest score was "describe the differences between the traditional Anglo American culture and the Puerto Rican culture" (pre institute mean=1.5 and post institute mean=3.5).

For institute IX, results indicated that the majority of the participants rated themselves prior to the training to be at the level of awareness. On these same items, post institute results indicated a significant change. Participants perceived themselves to be at the level of knowledge. The component that received the highest score was "demonstrate understanding of PL 99-457" (pre institute mean=3.22 and post institute mean=3.85).

For institute X, results indicated that the majority of the participants rated themselves prior to training to be at the level of awareness. On these same items, post institute results indicated a significant change. Participants perceived themselves to be at the level of knowledge. The component that received the highest score was "understand how Puerto Rican families differ in their views of medicine and health care in relationship to their child with a disability" (pre institute mean=2.00 and post institute mean=3.60).

For institute XI, results indicated that the majority of the participants rated themselves prior to training to be at the level of awareness. On these same items, post institute results indicated a significant change. Participants perceived themselves to be at the level of knowledge. The component that received the highest score was "understand how Puerto Rican families differ in their views of medicine and health care in relationship to their child with a disability" (pre institute mean=1.58 and post institute mean=3.58).

For institute XII, results indicated that the majority of the participants rated themselves prior to training to be at the level of awareness. On these same items, post institute results indicated a significant change. Participants perceived themselves to be at the level of knowledge and application. The component that received the highest score was "include other family members in service delivery that have authority in decision-making" (pre institute mean=2.00 and post institute mean=4.00).

Consumer Satisfaction Results Per Institute

For institute I, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "better understanding of topic presented" (mean=4.5), "presenter was prepared and organized" (mean=4.6), and "presenter was knowledgeable" (mean=4.7). Overall, they felt the objectives were met and that all of the topics were covered (mean=4.2).

For institute II, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "all topics on the agenda were addressed" (mean=4.7) and "the information is relevant and can be applied to my work situation" (mean=4.6). Overall, the group was satisfied with the training.

For institute III, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "materials were relevant to training topic" (mean=5.0), and "the presenters were knowledgeable in the subject" (mean=5.0). Overall, this group was very satisfied with the training.

For institute IV, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "all topics on the agenda were addressed" (mean=4.9) and "adequate illustrations and examples were used during the presentation" (mean=4.7). Overall, the group felt the objectives were met and that all the topics were covered with a mean score for both of 4.6.

For institute V, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "time was well organized" (mean=4.83) and "presenter was knowledgeable about the subject" (mean=5.0). Overall, participants felt that the objectives were met (mean=4.7) and that all the topics on the agenda were covered (mean=4.5).

For institute VI, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "the group felt the presenter was knowledgeable about the subject matter" (mean=4.8) and "the presenter valued the input of the participants" (mean=4.7). Overall, the participants felt that the training objectives were met (mean=4.3).

For institute VII, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "the presenter valued the input of the participants" (mean=4.8) and "the presenter was prepared and knowledgeable" (mean=5.0). Overall, the participants felt that the training objectives were met (mean=4.6) and that time was well organized (mean=4.8).

For institute VIII, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "objectives of the training were met" and "materials were relevant to the training content" both with a mean of 4.8. Overall, the participants felt that all topics on the agenda were discussed (mean=4.5) and that they have a better understanding of the subject matter (mean=4.6).

For institute IX, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "all topics on the agenda were addressed" and "the materials were relevant to the training content" both with a mean of 4.8. The group was satisfied with the training, and thought that the time and location were convenient (mean=4.8).

For institute X, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "information was relevant to my work" and "the presenter was prepared, knowledgeable, and easy to listen to", all of which had a mean of 5.0. Overall, the participants felt they had a better understanding of cultural sensitivity (mean=4.8).

For institute XI, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "presenter was prepared, knowledgeable, and valued the input of the participants", all of which had a mean of 5.0. Overall, the participants felt they had a better understanding of cultural sensitivity (mean=4.5) and that all the topics were covered (mean=4.7).

For institute XII, the majority of the items were rated with fours and fives. Among the items that scored above a four were: "the presenter was prepared and knowledgeable" (mean=5.0). Overall, the participants felt they had a better

understanding of cultural sensitivity (mean=4.8) and that the information was relevant to their work (mean=4.7).

V. PROJECT IMPACT

1. Contribution to Current Knowledge and Practice

This outreach project has expanded the knowledge base on early intervention in a number of ways. First, the project translated findings from a demonstration project into training content and subsequent model replication activities. Second, the project offered training on culturally sensitive early intervention to programs serving families of Puerto Rican heritage. Third, the project offered training on a model which was the first in Connecticut to have services which complied with the components outlined in P.L. 99-457. Fourth, the project offered a variety of training activities consistent with the literature on adult learning, thus increasing the effectiveness of the training. Fifth, the program developed materials that were used during training and were available for national dissemination. Last, the program evaluated the effect of training across participants, programs and consumers (both immediate and long-term) thus insuring the systematic refinement of both model components and training activities.

2.

The purpose of the dissemination component was to translate project findings into products, training content, and service delivery practices. A great deal of dissemination, through presentations and mailings were done during this project. Refer to the Presentation Chart and the Dissemination Record at the end of this section for more specific information.

The following products have been developed throughout the course of this project.

Brochure:

During the first year of the project a Niños Especiales Outreach Training Project Brochure was designed, detailing training format. The brochure included a self-mailer that prospective participants were encouraged to return for further information regarding training. Brochures were disseminated during large scale mailing, at local and national conferences and at workshops and presentations. A copy of the brochure is included in Appendix B.

Institute Training Manual:

During years two and three, project staff compiled a comprehensive training manual which reflected the session by session training conducted through institutes. Written in an informal and user-friendly style; the manual provides not only theoretical and technical information, but also practical information in such a way as to tutor the reader through the training process. Activities have also been incorporated into the manual to help readers apply what they have learned. Transparencies and handouts

are also provided to facilitate further presentation of training material. See Appendix V for a copy of the institute manual table of contents.

Replication Procedural Manual:

During years one and two, project staff compiled a comprehensive training manual for those programs interested in participating in program replication of N.E.P. program components. The training manual consists of background information on N.E.P. and policies and procedures necessary to follow in order to implement replication. A copy of the replication procedural manual table of contents is included in Appendix R.

Training Workbooks:

During years two and three, project staff compiled information to develop training workbooks. Two workbooks were developed and refined: one on cultural sensitivity in early intervention and the other on the IFSP. They were both written in a user-friendly style that provided technical and practical information so the reader could learn independently. Resources were also incorporated into the workbook format. This allowed the reader the opportunity to apply what he/she had learned. A copy of the table of contents and introduction from both workbooks are included in Appendix V.

Bibliography:

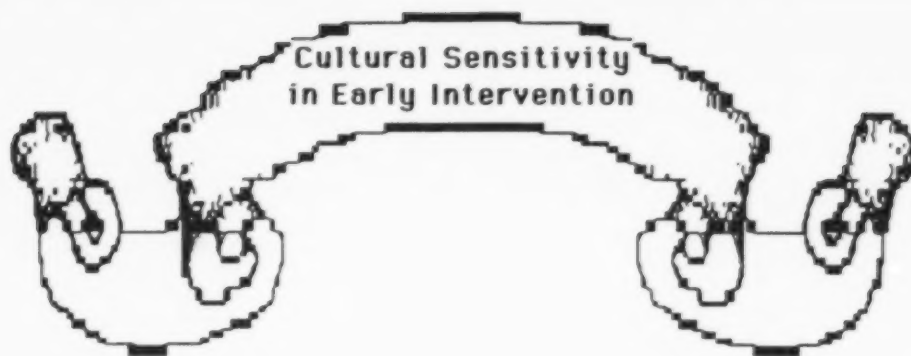
During all three project years, staff continually developed, updated and disseminated a bibliography on resources and information concerning issues on cultural sensitivity and early intervention. A copy of the bibliography was included in all workshop and institute training sessions. A copy of the bibliography can be found in Appendix M.

Infant Monitoring Project:

During year two, project staff translated and culturally adapted the Infant Monitoring Project for the Westchester Department of Health in New York. This translation consisted of developmental checklists from 4 months to 24 months of age within different developmental domains. Appendix V contains samples from the translated Infant Monitoring Project.

CULTURAL SENSITIVITY AWARENESS PRESENTATIONS

DATE	AGENCY NAME & ADDRESS	N
9/26/91	New Jersey Department of Education. Early Intervention Conference, Princeton, NJ	20
10/4/91	American Association for Mental Retardation (AAMR) Conference, Tarrytown, NY	12
11/15/91	Council for Exceptional Children, Division of Early Childhood (DEC) Conference. St. Louis, MO	15
2/27/92	United Cerebral Palsy of Nassau County, Long Island, NY	25
2/28/92	Westchester County Department of Health, Valhalla, NY	12
5/16/92	Wheelock College Boston, MA	25
10/1/92	Maternal Infant Services Network, Kingston, NY	30



Did you know that ...

- > Niños Especiales Outreach Training Project provides a culturally sensitive, family focused model of training for early interventionists.
- > The Hispanic population is the largest minority group in NY state.
- > Cultural and health beliefs impact on service delivery.

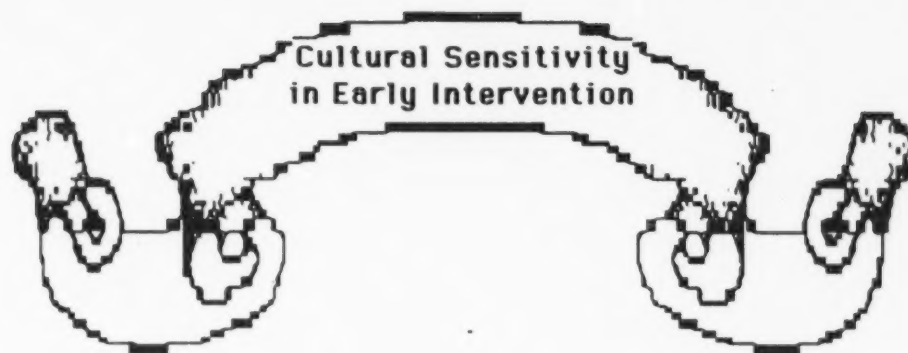
This is an opportunity to ...

- > Participate in activities to raise cultural awareness.
- > Find out more opportunities and details for future trainings at NO COST.

Presenters

Gabriela Freyre, M.S.W.
Project Coordinator
Niños Especiales Outreach
Training Project
Family Support/Early Intervention
MRI/Cedarwood Hall, Room 423
Valhalla, NY 10595-1689

Deirdre Barnwell, M.A.
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The title of the workshop is Cultural Sensitivity in Early Intervention. This workshop will provide participants with an overview of a culturally sensitive early intervention model which has been validated on families of Puerto Rican/Hispanic heritage and their children with developmental disabilities. The significant difference in the service delivery by the Niños Especiales Program (N.E.P.) and those by other early intervention programs was the cultural considerations which were imbedded throughout the program. Participants will become aware of migration and transition issues, as well as norms and values. Special attention will be given to the use of culturally sensitive strategies and the impact of cultural characteristics when providing services to children and families. This will be accomplished through a variety of activities some of which may include role play, group discussion, sharing of personal experiences, and case studies. Our attempt is to try to meet the diverse needs of all participants.

Presenters

Gabriela Freyre, M.S.W.
Project Coordinator
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Deirdre Barnwell, M.A.
Training Associate
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Dissemination Record

Contact	Information Forwarded
Helen Lebesse Danbury Head Start Churchill Road Danbury, CT 06811	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."
Justine Strickland East River Child Development Center 577 Grand Street New York, NY 10002	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."
Carol Eagen BOCES, Northern Westchester 200 Boces Drive Yorktown Heights, NY 10598	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."
Fran Litman Wheelock College Center for Parenting Studies 200 The Riverway Boston, MA 02215	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."
Elaine Karas St. Peter's Day Care 240 Hawthorne Avenue Yonkers, NY 10701	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."
June Argrette Yonkers Day Care Center 150 Woodworth Avenue Yonkers, NY 10701	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."

Dissemination Record (Cont'd.)

Contact	Information Forwarded
Lydia Terwilliger Middletown Day Nursery Box 134 Middletown, NY 10932	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."
Gloria Fogden New Paltz Child Development Center P.O. Box 312 New Paltz, NY 12561	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."
Terri Thal Maternal-Infant Services Network 340 Route 32 Central Valley, NY 10917	Requested article on Health beliefs and folk-healing: "Dominican concepts of health & illness."
Martha Becker Institute for Child Development 1225 Gerard Avenue Bronx, NY	Requested article on P.L. 99-457: "Public Law 99-457: Facilitating Family Participation on the Multidisciplinary Team."

DISSEMINATION RECORD

CONTACT	INFORMATION FORWARDED
Carla Brown MHDD/SAS 325 North Salisbury Street Raleigh NC 27603	Requested material on Early Intervention in Spanish. A copy of the Alerta library collection. Bibliography for the classroom was mailed. Also she was referred to the office of Human Development Services, Head Start Bureau to obtain the workbook "Explorando el Arte de ser Padres".
Sue McGraw East Seal Rehab Center 26 Palmer Seal Road Stamford CT 06902	Requested informaion on transition for parents. The following workbooks were mailed: "An Introduction to Transition in Early Childhood Special Education" and "Planning and Implementing Transition".
Barbar MacInnes Novela Health Education 934 E Main Street Stamford CT 06902 (Attended March of Dimes Cultural Sensitivity Workshop)	Requested article on the Hot and Cold Theory.
Robin Angel United Cerebral Palsy of New York	Requested article "Families and Early Intervention: Diversity and competence" by Lisbeth Vincent from Journal of Early Intervention, 1992.
Steven Hernandez United Cerebral Palsy Purchase, NY	Article: "Families and Early Intervention" Diversity and competenc" by Lisbeth Vincent from Journal of Early Intervention, 1992.
Julia Sears House on the Hill Agricultural Day Care Goshen, NY	Sent resource listing for Orange County parent/family support programs/agencies.
Una Diffley Rockland County Department of Health Pomona, NY	Sent article on Dominican Concepts of Health and Illness.
Barbara Tomlins Humpty Dumpty Day Nursery Wappingers Falls, NY	copies of 2 articles from Young Children: 1) Teaching teachers to avoid culturally assaultive classrooms; 2) Multicultural curriculum: African American children's literature.

DISSEMINATION RECORD

CONTACT	INFORMATION FORWARDED
Claudia Fenderson Rehabilitation Programs Inc. 230 North Road Poughkeepsie NY 12601 (914) 485-9700	Mailed recruitment letter & brochure copy of ALERTA bibliography-library collection for the classroom.
Jody Greenbaum West Cop Early Childhood Program 172 S. Broadway White Plains NY 10605 (914) 328-8921	Requested training information for Head Start programs. Letter & brochure were mailed out
Angelo Arce Women & Youth Services 19 Bradhurst Avenue 1st Floor, Room 53 Hawthorne NY 10523	Requested article on "Nervios as a culture bound syndrome among PR women".
NCCIP LIST East Coast Migrant Head Start Migrant 4200 Wilson Blvd. Suite 740 Arlington VA 22203 Ginny Flynn Bellevue Hospital Center 244 Riverside Drive 4F New York NY 10025 Sandra Gover PO Box 92125 Albuquerque NM 87199 Ann Maylan 8248 Resenlau Way Sacramento CA 95826 Susan P. Wood The Children's Hospital 83 Whitcomb Avenue Jamaica Plain MA 02130	Copies of: Cultural Sensitivity Bibliography, NEP article and brochure.

DISSEMINATION RECORD

CONTACT	INFORMATION FORWARDED
NCCIP List (cont'd.) Judith Leger Peekskill Area Health Center Maternal & Child Care 1037 Main Street Peekskill NY 10566	Requested a list of resource agencies for the Hispanic population in Westchester County.
CT RAP Cultural Sensitivity participants: Leah Barbuto WECAP Head Start 231 Broad Street Danielson CT 06239-3012 Jo Daisher East Hartford Head Start 95 Willobbrook Road East Hartford CT 06118 Kristi Juliano MCAA Head Start 398 Liberty Street Meriden CT 06450 Hilda Santiago MCAA Head Start 398 Liberty Street Meriden CT 06450 Carol Annette-Watson CAGM Head Start PO Box 821 Middletown CT 06422 Ellen Conte c/o ABCD Inc Head Start 1287 E Main Street Bridgeport CT 06606 Wendy Grasso CAGM Head Start 44 Hamlin Street Middletown CT	Requested article on health beliefs and folk healing: "Dominican concepts of health & illness".

DISSEMINATION RECORD

CONTACT	INFORMATION FORWARDED
CT RAP Cultural Sensitivity participants (cont'd.) Linda Preato MCAA Head Start 398 Liberty Street Meriden CT 06450 Myrtia Acevedo MCAA Head Start 398 Liberty Street Meriden CT 06450 Yvette Cartegena CAGM Head Start-Middletown PO Box 128 Middletown CT 06457 Liz Donnellan HRA New Britain 180 Clinton Street New Britain CT 06053 Eleanor Lewis, Project Coordinator New England RAP Education Development Center, Inc. 55 Chapel Street Newton MA 02160 Viola Waldo West Haven Head Start 227 Elm Street West Haven CT 06516	
Emily Arcia, Ph.D. Carolina Policy Studies Program Campus Box 8040 300 NCNB Plaza University of North Carolina Chapel Hill NC 27599	Requested information on cultural sensitivity and any materials used by NEP that have been translated into Spanish: - Family Needs Assessment - Neonatal Perception Inventory (NPI) - Cultural Sensitivity workbook - Brochure - Cultural Sensitivity Bibliography

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APPENDIX A

GABRIELA FREYRE, M.S.W.
55 Soundview Avenue
Milford, Connecticut 06460
(203) 877-7119

EDUCATION

FORDHAM UNIVERSITY, New York, New York
Master of Social Work - September 1990
Concentration: Administration

COLLEGE OF NEW ROCHELLE, New Rochelle, New York
Bachelor of Arts - May 1983
Major: Psychology
Minor: Business Administration

PROFESSIONAL EXPERIENCE

UCONN SCHOOL OF MEDICINE
Department of Pediatrics, Farmington, Connecticut
1990 to Present

Niños Especiales Outreach Training Project, Project Coordinator (10/90-present)
Federal grant program funded by the Handicapped Children's Early Education Program (H.C.E.E.P.) to develop, implement and evaluate a culturally sensitive model of training for staff working with handicapped children and their families of Hispanic heritage. Contact early intervention agencies throughout New York and Connecticut. Determine training interests and conduct needs assessments. Develop and implement customized training presentations including family focus, cultural sensitivity, transdisciplinary teaming, interagency coordination and transition topics. Conduct workshops and institutes utilizing discussions, lectures, audio/visual presentations and group activities. Provide on-going technical assistance and case consultation. Serve as early interventionist to support professionals as part of the replication process. Write training materials, brochures, institute manuals and replication guides. Hire, train and supervise a training associate. Analyze effectiveness of program through use of evaluation measures. Participate in administrative meetings. Coordinate the preparation of quarterly report for funding source. Serve on various community committees relating to handicapped children and their families of Hispanic heritage.

WESTCHESTER ASSOCIATION FOR RETARDED CITIZENS
White Plains, New York
1984 to 1990

Minority Outreach Project, Bilingual Outreach Specialist (7/88-9/90)
Grant program funded by the New York State Developmental Disabilities Planning Council to identify and provide case management services to unserved or underserved developmentally disabled children and adults living within the home setting. Managed a caseload of 20 families in lower Westchester County. Conducted home visits and prepared needs assessments. Escorted and translated for families in visits to all service providers. Assisted clients in preparing/translating all necessary documentation and correspondence. Initiated and facilitated a parent support group for Hispanic families with M.R./D.D. children. Participated in interdisciplinary case conferences. Presented program progress reports to the Advisory Board and quarterly reports to the Developmental Disabilities Planning Council. Developed a Minority Outreach Project newsletter to expand program visibility.

Case Manager (12/86-6/88)

Responsible for the management of a caseload of 30 mentally retarded adults in a day treatment program facility. Developed individual service plans. Prepared quarterly and annual reports on client progress. Facilitated multi-disciplinary conferences with families and group home staff. Interacted with families and group home personnel to ensure the proper implementation of client treatment plans. Co-led sibling and parent support group. Coordinated between day treatment and day training programs.

Developmental Specialist/Head Teacher (2/86-12/86)

Conducted classes in independent living and self-care skills. Organized instruction for two groups of 10-15 mentally retarded adults. Prepared monthly goals and progress notes. Attended multi-disciplinary conferences to report on client progress. Initiated and organized fashion and talent shows.

Assistant Developmental Specialist (4/84-2/86)

Assisted in classroom under the direction of a developmental specialist. Rotated through various classes and aided in preparing progress notes.

GRADUATE FIELD EXPERIENCES

WESTCHESTER ASSOCIATION FOR RETARDED CITIZENS
White Plains, New York

1989 to 1990

Minority Outreach Project (9/89-7/90)

Developed and implemented an outreach program targeted at community agencies and civic organizations to enhance awareness of program. Oriented, trained and supervised outreach specialist. Developed a registry of Hispanic professionals to provide more culturally sensitive services to the Hispanic population.

Day Treatment Program (9/88-7/89)

Directed a weekly supportive counseling and problem solving group for mild to moderately retarded adults. Provided individual counseling to four adult clients. Conducted intake interviews with families and clients. Wrote psychosocial assessments and placement recommendations.

PROFESSIONAL INVOLVEMENT

REGIONAL PLANNING GROUP FOR EARLY INTERVENTION

Participate in the identification and recommendations for improvement and expansion of specialized services to be offered to developmentally disabled children from birth to three years of age.

"The Infant at Risk: Contemporary Perspectives and Interdisciplinary Issues", New York University Summer Institute, July 10-14, 1989.

"Infants, Children and Families: Challenges of the 90's", assessment and intervention strategies for children with special needs, Variety Pre-school Workshop, November 14-16, 1989.

PRESENTATIONS

"Cultural Sensitivity: Working with Puerto Rican Families," Continuing Education Consortium for Early Intervention Providers, Lowell, Massachusetts, June 4, 1991.

"Cultural Sensitivity: Working with Puerto Rican Families," Continuing Education Consortium for Early Intervention Providers, Northampton, Massachusetts, June 11, 1991.

"Cultural Sensitivity Awareness", Mercy College, Dobbs Ferry, New York, December 4, 1990.

"Meritorious Efforts in Minority Outreach: The WARC Experience", Annual Conference of Quality of Care, Albany, New York, May 15-16, 1990.

"Working with Minority Populations and Its Impact on Service Delivery", Mental Retardation Institute, Westchester County Medical Center, February 15, 1990.

LANGUAGES

Bilingual English/Spanish

REFERENCES

Available upon request.

Deirdre Barnwell, M.A.

Education

Teachers College, Columbia University	1986	M.A. Early Childhood Special Education
Dominican College, Blauvelt NY	1984	B.A. Psychology / Special Education

Certification

1986	Permanent NY State Teacher Certification: K-6 and Special Education
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Professional Experience

1991-Present	Training Associate, Ninos Especiales Outreach Training Project and the Birth to 3 Outreach Training Project, Westchester Institute for Human Development/ Family Support and Early Intervention Department, Valhalla, NY
1991-1992	Bilingual Educational Evaluator, Comprehensive Counseling Services, Inc. Brooklyn, NY
1988-1990	Special Education Teacher/Trainer, United States Peace Corps, Honduras, Central America
1986-1988	Early Intervention Teacher, Association for Retarded Citizens, Early Childhood Center, Pomona, NY
1984-1986	Developmental Disability Specialist, Venture Day Treatment Center, Sparkill, NY

Selected Invited Presentations

- Barnwell, D., & Freyre, G. (1992). Cultural Diversity: A cultural workshop focusing on womens' issues. Presented at the Maternal Infant Health Services Network Annual Conference, Kingston, NY.
- Barnwell, D., & Freyre, G. (1992). Ethnic and racial perspectives on parenting. Presented at Wheelock College, MA.
- Barnwell, D., & Freyre, G. (1992). Cultural sensitivity in early intervention. Presented at the New England Resource Access Project's Annual Conference. Conn.
- Barnwell, D., & Freyre, G. (1992). Cultural attitudes and children with disabilities. Presented at the New York Resource Access Project's Annual Conference, NY, NY.
- Barnwell, D., & Freyre, G. (1991). Early intervention within a cultural context. Presented at the 7th Biennial National Training Institute of the National Center for Clinical Infant Programs, Washington, D.C.

Publications

Barnwell, D. (1991). Nuevos amigos. Published by Chapel Hill Training Outreach Project, Chapel Hill , North Carolina.

Professional Organizations

National Member of the Council for Exceptional Children: Division of Early Childhood and Division of International Special Education

National and Local Member of the National Association for the Education of Young Children

Committee member, March of Dimes Health Professionals Advisory Committee for Rockland, Westchester, Fairfield, and Putnam Counties

Committee member, March of Dimes Healthy Mothers/ Healthy Babies National Campaign

Local Member , Together Our Unity Can Heal (TOUCH), of Rockland County, NY.

APPENDIX B

PROGRAM DESCRIPTION

The Niños Especiales Outreach Training Project is a three year project funded by the **Early Education Program for Children with Disabilities**. It is designed to provide a culturally sensitive, family focused model of early intervention for children and their families of Puerto Rican heritage. This project is based on the Niños Especiales Program (N.E.P.), a three year model demonstration program. The project had the following components:

- * Family Focus
- * Cultural Sensitivity
- * Transdisciplinary Teamwork
- * Interagency Collaboration
- * Transition

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TRAINING ACTIVITIES

Inservice training will consist of structured activities designed around topics in early intervention and service delivery. The topics for training will be formulated during the planning stages of the inservice and will depend on the needs and resources of individual programs.

- * Institute (maximum of 10 participants and will consist of 4-6 sessions plus follow-up activities)
- * Workshop (up to 50 participants and will consist of a one day session)
- * N.E.P. Program Replication through technical assistance (case assistance, case consultation & phone assistance)

TRAINING ELIGIBILITY

Training is provided to all early interventionists serving children and their families of Puerto Rican heritage.

FOR MORE INFORMATION

To learn more about training services available through the Niños Especiales Outreach Training Project, please complete and send us this self-mailer, or call (914) 285-7052.

Name _____

Title _____

Agency _____

Address _____

City _____

State _____

Zip Code _____

Telephone (____) _____

99

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NIÑOS ESPECIALES OUTREACH TRAINING PROJECT



101

Family Support / Early Intervention
New York Medical College
MRI / Cedarwood Hall, Room 423
Valhalla, NY 10595-1695

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Stamp
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100

Family Support / Early Intervention
New York Medical College
MRI / Cedarwood Hall, Room 423
Valhalla, NY 10595-1689

APPENDIX C

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
Cedarwood Hall
New York Medical College

CULTURAL SENSITIVITY WORKSHOP

AGENDA

TOPIC:

FORMAT:

Mumbo Jumbo

Group Activity

Definitions of Culture, Values
& Cultural Sensitivity

Group Activity
Lecture/Group Discussion

Crisis of Migration, Objectives
& Transition

Lecture/Group Discussion

BREAK

10 minutes

Summary of Cultural Considerations
& Recommendations for
Intervention

Lecture/Group Discussion

Alternative Medical Practices

Lecture/Group Activity &
Discussion

Role Play (Optional)

Group Discussion

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
Cedarwood Hall
New York Medical College

CULTURAL SENSITIVITY WORKSHOP

OBJECTIVES

At the end of this session, the participants will:

1. Be familiar with Public Law 99-457..
2. Define culture and cultural sensitivity.
3. Be familiar with migration and transition issues as well as unique cultural characteristics of the Hispanic/Latino population.
4. Be familiar with alternative medicinal practices (Folk Medicine).
5. Describe culturally sensitive strategies to utilize with culturally diverse families.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/CEDARWOOD HALL
FAMILY SUPPORT/EARLY INTERVENTION

CULTURAL SENSITIVITY WORKSHOP

AGENDA

<u>TOPIC</u>	<u>FORMAT</u>
Mumbo Jumbo	Activity
Logistics	Pre-measures
Reading Reaction	Group discussion
Project introductions * N.E.P. components * Outreach Training	Lecture
What's cultural sensitivity/ competence?	Group activity
Demographics	Lecture
Activity	Group activity
Break	
Crisis of migration, objectives, situation & transition	Lecture/discussion
Cultural considerations Strategies for intervention Immigration issues	Group Activity
Wrap up	Post-measures

**NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/CEDARWOOD HALL
FAMILY SUPPORT/EARLY INTERVENTION**

CULTURAL SENSITIVITY WORKSHOP

OBJECTIVES

At the end of this session, the participant will:

1. Be familiar with the five components of the Niños Especiales Program.
2. Be familiar with migration and transition issues.
3. Be familiar with unique cultural characteristics among different ethnic groups.
4. Describe culturally sensitive strategies to utilize with families from culturally diverse families.
5. Define cultural sensitivity/competence.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

ACTIVITY

Area	Characteristics of The Puerto Rican/ Hispanic Culture	Characteristics of Your Culture
*Family Relationships		
*Child Rearing		
*Support Networks		
*Social Etiquette		
*Sense of Time		
*Noise and Movement		
*Belief in Fate		

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
Cedarwood Hall
New York Medical College

CULTURAL SENSITIVITY WORKSHOP

Pre/Post Questionnaire

1. When we talk about **cultural sensitivity/competence**, we are talking about:
 - a) Values
 - b) Beliefs
 - c) Social Norms
 - d) Behavior
 - e) Respect
 - f) Tolerance
 - g) Attitude
 - h) All of the above
2. The Puerto Rican people in the United States are eligible for state services.
 - a) True
 - b) False
 - c) I'm not sure
3. Of the cultural groups living in the U.S. which is eligible for federal and state services:
 - a) Puerto Rican
 - b) Colombian
 - c) Mexican
 - d) Vietnamese
 - e) Haitian
4. When did the largest migration of Puerto Ricans occur?

Please turn over.....

5. Puerto Ricans need to go through the immigration process.
- a) True
 - b) False
 - c) I'm not sure
6. **Child rearing** in Puerto Rican and other Hispanic nationalities...
- a) Foster independence
 - b) Foster dependence
 - c) Foster independence and competition
 - d) Foster dependence and sharing
 - e) I'm not sure
7. Public Law 99-457 states that:
- a) States are mandated to provide services for children with disabilities from birth through five years of age.
 - b) States are mandated to provide services for children with disabilities from birth to three years of age.
 - c) States determine whether services are provided for children with disabilities from birth thorough five years of age.
 - d) State are mandated to provide services for children with disabilities form three through five years of age, and can determine whether they will provide services for handicapped children from birth to three years of age.
8. Who has been designated the lead agency in New York for programs serving children with disabilities and children at-risk between the ages of birth and three years?
- a) Department of Education
 - b) Department of Health
 - c) Department of Mental Retardation
 - d) Interagency Coordinating Council

**NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/CEDARWOOD HALL
FAMILY SUPPORT/EARLY INTERVENTION**

CULTURAL SENSITIVITY WORKSHOP

READINGS/REFERENCES

1. Anderson, P. & Fenichel, E. (1989) Serving Culturally Diverse Families of Infants and Toddlers with Developmental Disabilities. Washington, D.C.: National Center for Clinical Infant Programs.
2. Roberts, R. (1990) Developing Culturally Competent Programs for Families of Children with Special Needs. Washington, D.C.: Georgetown University Child Development Center.
3. Wayman, K., Lynch, E. & Hanson, M. (1990) Home-based Early Childhood : Cultural Sensitivity in a Family Systems Approach. Topics in Early Childhood Special Education 10(4), 56-75.

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE**

Cultural Sensitivity

CRISIS OF MIGRATION

Why do Puerto Ricans migrate to the mainland?

Conditions favorable to migrate

1. relatively short distance;
2. low cost for transportation;
3. being an American citizen.

Situation in Puerto Rico

1. over population;
2. unemployment;
3. poverty.

Objectives

1. hopes of economic success with intentions of returning to Puerto Rico;
2. adequate housing;
3. health services;
4. hope for a better life.

Why has transition been so difficult?

1. loss of family support network;
2. language barrier and limited ability to master new environment;
3. lack of awareness of community resources;
4. rural background - limited job skills;
5. relatively young adults with a young family;
6. general anxiety - back in Puerto Rico
- new location;
7. at any given point in time, a high percentage of the community has recently arrived from the Island, and therefore in great need of aid and support;
8. most of the community will have lived in the city a relatively short time, and therefore will have fewer and less effective social networks;
9. there will be relatively few highly educated Puerto Ricans whom the community can rely upon for support and leadership;
10. much of the community will experience language problems;
11. there will have been a relatively short time period in which to develop community cohesion and community organization;
12. a large percentage of the community will be more concerned with meeting their own crucial needs than in joining in concerted community action;
13. the community will possess little starting capital for the founding of Puerto Rican businesses, and therefore there will be a relative lack of Puerto Rican goods and services.

NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
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Cultural Sensitivity

Culture-Specific Ailments

The following maladies normally do not afflict Americans:

1. **Empacho** (indigestion): Stomach cramps, vomiting, and diarrhea due to a "ball of food" clinging to the stomach wall. It is believed to be caused by being forced to eat against one's will. Some Mexican-Americans treat empacho with massages along the spinal cord and ingestion of castor oil with citrus juice. Other cultural groups prefer hot Epsom salts and mercury (asogue).
2. **Caida de la mollera** ("sunken fontanel"): Downward dislocation of the fontanel thought to be caused by a fall or by the too rapid removal of bottle or breast from a nursing infant and accompanied by diarrhea, fever, poor nursing, and irritability. Treatments vary and include prayers and shaking the child to reposition the fontanel, applying upward pressure on the child's hard palate, and suction over the area of the fontanel.
3. **Mal aire** ("bad air"): Said to be caused by exposure to cold air, includes pain, muscle spasms, facial twitching, or paralysis. It can be avoided by covering up before exposing the body to cold air; e.g., by draping the patient during medical examinations.
4. **Mal ojo** ("evil eye"): An ailment known since ancient times, originated in the Far East and traveled via the Middle East to Spain, Northwest Europe, England, and Ireland. It is

believed to be caused by the gaze of an individual with "strong eyes", often a pregnant woman. Newborns are especially vulnerable, but young children and adult women are also susceptible. Symptoms include inconsolable crying, fever, and fretfulness. Treatment consists of having the individual with the "Strong eyes" touch the victim. Prayers and charms are also used, as are raw eggs rubbed over the body or placed under the patient's bed.

5. **Susto** ("Fright"): Results in loss of appetite, listlessness, restless sleep, and pallor. It is supposedly brought on by a frightening experience which causes the soul (espíritu) to leave the body. In Argentina, too much cold, sun, or hunger are said to cause susto. Healing requires ritual cleansing (limpiar) of the body with special herbs, talking about the experience, prayers, and invocations.
6. **Ataque** ("attack," "Puerto Rican syndrome"): Is a form of hysterical reaction to stress and anxiety with hyperkinetic seizures, hyperventilation, and altered states of consciousness. A spiritualist can usually effect a cure.
7. **Brujeria or embrujo** ("witchcraft" or "sorcery"): Will cause a victim to feel tired, restless, and unable to sleep. "Loss of mind" and impotence can also occur. Folk healers will treat this syndrome.

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
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Cultural Sensitivity

EXAMPLE OF SOCIO/CULTURAL ASSESSMENT FORMAT

1. Place of birth/place of origin
 - Puerto Rico vs. Cuba vs. Mexico
 - urban vs. rural
2. Recency of Arrival to the Mainland/USA
 - years in the States
 - years in local residence
 - previous place of residence in the States
3. Communication Patterns in the Home
 - Spanish dominant
 - English dominant
 - bilingual
4. Social Support Network Available
 - family
 - friends/neighbors
 - church/ethnic clubs-social agencies
 - social agencies
 - folk healers
5. Usual Pattern of Health Care (including)
 - ethnomedical beliefs and practices, folk beliefs
 - past experience with U.S. care system
 - regularity of primary care sources
 - use of over the counter drugs
 - use of home remedies
 - beliefs in espiritismo

6. Economic Status

- occupation/employment
- health insurance coverage
- car ownership
- phone ownership
- economic assistance

7. Environmental Situation

- safety of housing
- satisfaction with housing
- rodent, or other infestation

8. Transportation Resources

- usual source of transportation
- distance from source of care
- knowledge of mass transit system

9. Nutritional Patterns

- patterns of eating (# feeding and times)
- 24 hour recall of food intake
 - local ethnic market
 - super market

10. Education

- years in school
- literacy

11. Life Routine

- description of typical day

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE**

Cultural Sensitivity

**RECOMMENDATIONS FOR
INTERVENTIONIST**

1. Demonstrate awareness and respect
2. Include older relatives and friends in intervention strategies
3. Do not duplicate services provided by extended family and offer to assist family in locating other needed services
4. Identify and use the preferred names
5. Demonstrate awareness and respect of Puerto Rican community
6. Eye contact should not be intense (especially between the opposite sexes) as this may be inferred as intimidation or flirtation
7. Reminders of scheduled appointments are initially helpful with an explanation about the Anglo-American structured sense of time
8. Recognize and respect spiritual heritage of family and dispel beliefs that may be harmful to the child

9. Initiate referral and assist with obtaining services if desired by the family
10. Provide home visitors of the same culture and who speak the same language whenever possible.
11. Assure that materials for families are available in the primary language
12. Develop strong linkages with cultural advocacy groups
13. Focus on what the family wants rather than on what the program and staff want to provide
14. Allow the client to choose seating for comfortable personal space and eye contact
15. Avoid slang, technical jargon and complex sentences
16. Use open-ended questions or questions phrased in several ways to obtain information
17. Determine the client's reading ability before using written materials in the process
18. Check for client understanding and acceptance of recommendations
19. Understand own cultural values and biases
20. Promote positive change

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE**

PARTICIPANT INFORMATION

NAME: _____

AGENCY: _____

DATE: _____

Have you been to a Birth to Five Inservice training before? _____

If yes, when? _____

What is your current position?

- _____ Early Childhood Special Educator
- _____ Occupational Therapist
- _____ Physical Therapist
- _____ Speech Pathologist
- _____ Nurse
- _____ Administrator/Supervisor/Coordinator of Special Education
- _____ Administrator/Supervisor/Coordinator of Early Intervention
- _____ Administrator/Supervisor/Coordinator of Day Care
- _____ Nursery School/Day Care Teacher
- _____ Consultant
- _____ Guidance Counselor
- _____ Learning Disabilities Teacher
- _____ Psychologist
- _____ Social Worker
- _____ Other _____

What is the area of your Certification/License?

- | | |
|--|--|
| ☐ Early Childhood Ed. | ☐ Early Childhood Special Ed. |
| ☐ PT | ☐ OT |
| ☐ Special Education | ☐ Psychology |
| ☐ Blind/Visually Impaired | ☐ Administration |
| ☐ Elementary Ed. | ☐ Reading |
| ☐ Learning Disabilities | ☐ Speech Pathology |
| ☐ Counseling | ☐ Social Work |
| ☐ Nursing | ☐ Hearing Impaired |

Have you had any formal training focusing on the birth to three population?

☐ yes ☐ no

How long have you been serving 0-3 yr. olds?

How long have you been teaching or working in your field?

What type of previous experience have you had?

- ☐ 3-5 year olds - Early Intervention
- ☐ Primary Special Ed.
- ☐ Adolescents/Adults - Special Ed.
- ☐ 0-5 typical children
- ☐ Elementary Regular Ed.
- ☐ Secondary Regular Ed.
- ☐ Other Education
- ☐ Other (Please List) _____

Have you had any training during the past two years on this institute's topic?

Who do you serve?

- ☐ 0-18 month old children
- ☐ 18 months-3 year old children
- ☐ parents and families

What are the types of disabilities of children you serve?

- | | |
|--|--|
| ☐ mild/moderate MR | ☐ severe/profound MR |
| ☐ multihandicapped | ☐ physical handicaps |
| ☐ blind | ☐ deaf/blind |
| ☐ hearing impaired | ☐ learning disabled |
| ☐ developmental delays | ☐ emotionally disturbed |
| ☐ medically involved | ☐ behavior disorderd |
| ☐ speech and language delayed | ☐ other _____ |

What is your current degree?

- | | | |
|--------------------------------|--------------------------------|---|
| ☐ BA | ☐ BS | ☐ MA |
| ☐ MS | ☐ M.Ed. | ☐ 6th year cert. |
| ☐ MSW | ☐ Ed.D. | ☐ Post Masters |
| ☐ Ph.D. | ☐ RN | ☐ C.C.C.-SLP |
| ☐ Other | _____ | |

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE**

Cultural Sensitivity Institute

INDIVIDUAL SESSION EVALUATION

Session: _____ Speaker: _____ Date: _____

Please rate the following aspects of the session using the scale below.

5 = Excellent

4 = Good

3 = Average

2 = Below Average

1 = Poor

NA = Not Applicable

- | | | | | | | |
|--|---|---|---|---|---|----|
| 1. Preparation of the speaker | 5 | 4 | 3 | 2 | 1 | NA |
| 2. Knowledge/expertise of the speaker | 5 | 4 | 3 | 2 | 1 | NA |
| 3. Quality of written support materials | 5 | 4 | 3 | 2 | 1 | NA |
| 4. Opportunities provided for questions and discussion | 5 | 4 | 3 | 2 | 1 | NA |
| 5. Presentation methods and techniques | 5 | 4 | 3 | 2 | 1 | NA |
| 6. Use of audio visuals | 5 | 4 | 3 | 2 | 1 | NA |
| 7. Usefulness of the information | 5 | 4 | 3 | 2 | 1 | NA |
| 8. Overall rating of the session | 5 | 4 | 3 | 2 | 1 | NA |
| 9. What were the benefits of this session to you professionally? | | | | | | |

10. What didn't you like about the session?

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NEW YORK MEDICAL COLLEGE

INDIVIDUAL SESSION EVALUATION

Name: _____

Date: _____

Agency: _____

Please rate the following statements on a scale of 1 through 5:

- 1 indicating that you strongly disagree with the statement.
- 2 indicating that you mildly disagree with the statement.
- 3 indicating neutral.
- 4 indicating that you mildly agree with the statement.
- 5 indicating that you strongly agree with the statement.

	Strongly Disagree		Neutral		Strongly Agree
I. <u>CONTENT</u>					
1. Objectives of the training were met.	1	2	3	4	5
2. All topics on the agenda were addressed.	1	2	3	4	5
3. The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4. Adequate illustrations and examples were used during presentations.	1	2	3	4	5
5. Time was well organized.	1	2	3	4	5
6. The information is relevant and can be applied to my work situation.	1	2	3	4	5
7. I feel I now have a better understanding of the subject presented.	1	2	3	4	5

II. PRESENTER

- | | | | | | |
|--|---|---|---|---|---|
| 1. The presenters were well prepared and organized. | 1 | 2 | 3 | 4 | 5 |
| 2. The presenters were knowledgeable in the subject. | 1 | 2 | 3 | 4 | 5 |
| 3. The presenters used a variety of activities that corresponded with the content. | 1 | 2 | 3 | 4 | 5 |
| 4. The presenters were easy to listen to. | 1 | 2 | 3 | 4 | 5 |
| 5. The presenters valued our input. | 1 | 2 | 3 | 4 | 5 |

III. LOGISTICS OF PRESENTATION

- | | | | | | |
|---|---|---|---|---|---|
| 1. I found the environment to be comfortable. | 1 | 2 | 3 | 4 | 5 |
| 2. There was adequate time for breaks during the training sessions. | 1 | 2 | 3 | 4 | 5 |
| 3. The size of the group was appropriate for the sessions. | 1 | 2 | 3 | 4 | 5 |
| 4. The location of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |
| 5. The day and time of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |

IV. QUESTIONS

1. What did you find most helpful about this workshop?
2. What did you find least helpful about this workshop?
3. What additional information would you like to see included in future cultural sensitivity workshops?
4. What will you do differently as a result of this workshop?

APPENDIX D

**NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/CEDARWOOD HALL
FAMILY SUPPORT/EARLY INTERVENTION**

INDIVIDUAL FAMILY SERVICE PLAN (IFSP)

WORKSHOP AGENDA

TOPIC	FORMAT
Logistics	Pre-measures
Activity	Group activity
P.L. 99-457 & P.L. 94-142	Lecture/group discussion
IFSP	Video presentation
IFSP Components Similarities & differences between the IEP & IFSP	Lecture/group discussion
Family Empowerment Identifying family concerns, priorities and resources	Lecture/group activity
Writing family outcomes	Group activity
Wrap up	Post-measures

**NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/CEDARWOOD HALL
FAMILY SUPPORT/EARLY INTERVENTION**

INDIVIDUAL FAMILY SERVICE PLAN (IFSP)

WORKSHOP OBJECTIVES

At the end of this session, participants' will:

1. Be able to name and describe the eight components of an IFSP.
2. Comprehend P.L. 99-457 and the legal requirements for an IFSP.
3. List two differences and similarities between an IFSP and an IEP.
4. Be able to write a family outcome using a process and product format given a case study.
5. Be able to identify family concerns, priorities and resources (strengths and needs) given a case study.

**NINOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/CEDARWOOD HALL
FAMILY SUPPORT/EARLY INTERVENTION**

IFSP PRE/POST QUESTIONNAIRE

Name: _____ Date: _____

1. Public law 99-457 states that:
 - a) states are mandated to provide services for handicapped children from birth through five years of age.
 - b) states are mandated to provide services for handicapped children from birth to three years of age.
 - c) states determine whether services are provided for handicapped children from birth through five years of age.
 - d) states are mandated to provide services for handicapped children from three through five years of age, and can determine whether they will provide services for handicapped children from birth to three years of age.

2. In what year are programs that serve handicapped children between the ages of birth to three years required to have services in place under P.L. 99-457?
 - a) 1989-1990
 - b) 1990-1991
 - c) 1991-1992
 - d) 1992-1993

-
-
-
-

9. Family empowerment means:
- a) helping families by doing whatever we can
 - b) telling families what they can do to take more power in their lives
 - c) families making informed choices
 - d) families being their own case managers
10. List two guidelines for enabling and empowering families
- _____
- _____
11. _____ questions are the most effective means of obtaining information from families.
- a) Direct
 - b) Close-ended
 - c) Open-ended
12. Circle, from the list below, those techniques that are considered to be effective means of assessing families.
- a) interview
 - b) observing interactions
 - c) questionnaire
13. Name two factors that may affect family participation
- _____
- _____
14. Write an example of a family goal.
- _____
- _____

15. What is the first step in the IFSP planning process?

**NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/CEDARWOOD HALL
FAMILY SUPPORT/EARLY INTERVENTION**

INDIVIDUAL FAMILY SERVICE PLAN WORKSHOP

READINGS/REFERENCES

1. Campbell, Philippa H. (1990) The Individual Family Service Plan: A Guide for Families and Early Intervention Professionals. Family Child Learning Center: Ohio.
2. Dunst, C., Trivette, C., & Deal A., (Eds.) (1988) Enabling and Empowering Families. Cambridge, MA: Brookline Books, Inc.
3. Johnson, B.H., McGonigel, M.J., & Kaufmann, R.K. (1989; 1991). Guidelines and recommended practices for the Individualized Family Service Plan. Washington, D.C.: Association for the Care of Children's Health.

Guidelines for Enabling and Empowering Families

- * Be both positive and proactive in interactions with families.
- * Offer help in response to family-identified needs.
- * Permit the family to decide whether to accept or reject help.
- * Offer help that is normative.
- * Offer help that is congruent with the family's appraisal of their needs.
- * Promote acceptance of help by keeping the response costs low.
- * Permit help to be reciprocated.
- * Promote the family's immediate success in mobilizing resources.
- * Promote the use of informal support as the principle way of meeting needs.
- * Promote a sense of cooperation and joint responsibility for meeting family needs.
- * Promote the family member's acquisition of effective behavior for meeting needs.
- * Promote the family member's ability to see themselves as an active agent responsible for behavior change.

Source: Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline.

HANDOUT
GUIDELINES FOR COMMUNICATING
WITH PARENTS

- Be positive in your interactions. In addition to identifying problems and areas of concern, talk about the strengths that you see in the child and the family. Without positive interaction, parents will be reluctant to engage in any meaningful contact and will quickly feel that they are "not liked".
- Offer constructive suggestions to issues that parents have identified. The need areas that parents identify may be very different from what you see at school, but are equally important to the child and family. Work with the family to address these issues. Let them know that their input is valuable.
- Promote a sense of cooperation and joint responsibility. Value the parent/professional partnership as a valid process for meeting the total needs of the child and family.
- Assist families in identifying their own resources. Do not foster a dependency. Rather, give families the information they need to make their own choices and decisions.
- Recognize that progress in school may not reflect any improvement in the quality of interaction at home.
- Your successes may mean little to the family, as success or difficulty at home may not mean much to the school staff. All of these issues are important to you, the child and the family. The responsibilities of both parent and professional is to find a method to address each issue.

According to Part H of P.L. 99-457

Early Intervention services are:

- family training
- counseling and home visits
- speech pathology and audiology
- occupational therapy
- physical therapy
- psychological services
- service coordination
- medical services as necessary for diagnostic
and evaluation services
- early identification
- screening and assessment
- related health services necessary to enable
the infant or toddler to benefit from the early
intervention services

(34 C.F.R. § 303.12)

**WHAT IS AN INDIVIDUALIZED FAMILY
SERVICE PLAN?**

A DECISION MAKING PROCESS

**FOR THE PURPOSE OF DESIGNING
INTERVENTION**

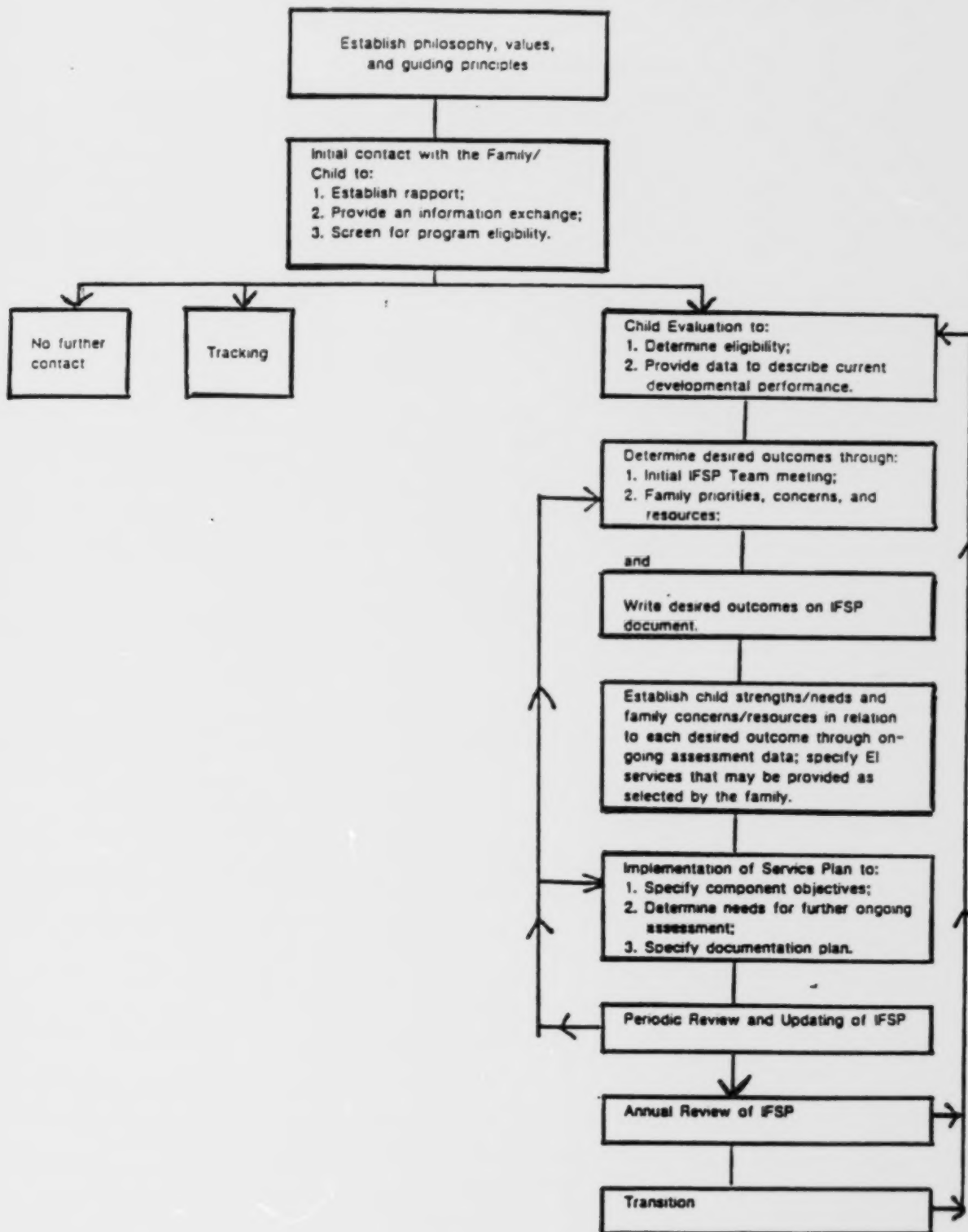
**ACCORDING TO THE GUIDELINES OF P.L.
99-457, PART H**

**FOR INFANTS & TODDLERS WITH
DISABILITIES**

AND THEIR FAMILIES

Figure 1

A Process for Individual Family Service Planning



NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE

PARTICIPANT INFORMATION

NAME: _____

AGENCY: _____

DATE: _____

Have you been to a Birth to Five Inservice training before? _____

If yes, when? _____

What is your current position?

- _____ Early Childhood Special Educator
- _____ Occupational Therapist
- _____ Physical Therapist
- _____ Speech Pathologist
- _____ Nurse
- _____ Administrator/Supervisor/Coordinator of Special Education
- _____ Administrator/Supervisor/Coordinator of Early Intervention
- _____ Administrator/Supervisor/Coordinator of Day Care
- _____ Nursery School/Day Care Teacher
- _____ Consultant
- _____ Guidance Counselor
- _____ Learning Disabilities Teacher
- _____ Psychologist
- _____ Social Worker
- _____ Other _____

What is the area of your Certification/License?

- | | |
|--|--|
| ☐ Early Childhood Ed. | ☐ Early Childhood Special Ed. |
| ☐ PT | ☐ OT |
| ☐ Special Education | ☐ Psychology |
| ☐ Blind/Visually Impaired | ☐ Administration |
| ☐ Elementary Ed. | ☐ Reading |
| ☐ Learning Disabilities | ☐ Speech Pathology |
| ☐ Counseling | ☐ Social Work |
| ☐ Nursing | ☐ Hearing Impaired |

Have you had any formal training focusing on the birth to three population?

☐ yes ☐ no

How long have you been serving 0-3 yr. olds?

How long have you been teaching or working in your field?

What type of previous experience have you had?

- ☐ 3-5 year olds - Early Intervention
- ☐ Primary Special Ed.
- ☐ Adolescents/Adults - Special Ed.
- ☐ 0-5 typical children
- ☐ Elementary Regular Ed.
- ☐ Secondary Regular Ed.
- ☐ Other Education
- ☐ Other (Please List) _____

Have you had any training during the past two years on this institute's topic?

Who do you serve?

- ☐ 0-18 month old children
- ☐ 18 months-3 year old children
- ☐ parents and families

What are the types of disabilities of children you serve?

- | | |
|--|--|
| ☐ mild/moderate MR | ☐ severe/profound MR |
| ☐ multihandicapped | ☐ physical handicaps |
| ☐ blind | ☐ deaf/blind |
| ☐ hearing impaired | ☐ learning disabled |
| ☐ developmental delays | ☐ emotionally disturbed |
| ☐ medically involved | ☐ behavior disordered |
| ☐ speech and language delayed | ☐ other _____ |

What is your current degree?

- | | | |
|--------------------------------|--------------------------------|---|
| ☐ BA | ☐ BS | ☐ MA |
| ☐ MS | ☐ M.Ed. | ☐ 6th year cert. |
| ☐ MSW | ☐ Ed.D. | ☐ Post Masters |
| ☐ Ph.D. | ☐ RN | ☐ C.C.C.-SLP |
| ☐ Other | _____ | |

NIÑOS ESPECIALES OUTREACH TRAINING INSTITUTE
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE

INDIVIDUAL SESSION EVALUATION

Name: _____

Date: _____

Agency: _____

Please rate the following statements on a scale of 1 through 5:

1 indicating that you strongly disagree with the statement.

2 indicating that you mildly disagree with the statement.

3 indicating neutral.

4 indicating that you mildly agree with the statement.

5 indicating that you strongly agree with the statement.

	Strongly Disagree		Neutral		Strongly Agree
I. <u>CONTENT</u>					
1. Objectives of the training were met.	1	2	3	4	5
2. All topics on the agenda were addressed.	1	2	3	4	5
3. The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4. Adequate illustrations and examples were used during presentations.	1	2	3	4	5
5. Time was well organized.	1	2	3	4	5
6. The information is relevant and can be applied to my work situation.	1	2	3	4	5
7. I feel I now have a better understanding of the subject presented.	1	2	3	4	5

II. PRESENTER

- | | | | | | |
|--|---|---|---|---|---|
| 1. The presenters were well prepared and organized. | 1 | 2 | 3 | 4 | 5 |
| 2. The presenters were knowledgeable in the subject. | 1 | 2 | 3 | 4 | 5 |
| 3. The presenters used a variety of activities that corresponded with the content. | 1 | 2 | 3 | 4 | 5 |
| 4. The presenters were easy to listen to. | 1 | 2 | 3 | 4 | 5 |
| 5. The presenters valued our input. | 1 | 2 | 3 | 4 | 5 |

III. LOGISTICS OF PRESENTATION

- | | | | | | |
|---|---|---|---|---|---|
| 1. I found the environment to be comfortable. | 1 | 2 | 3 | 4 | 5 |
| 2. There was adequate time for breaks during the training sessions. | 1 | 2 | 3 | 4 | 5 |
| 3. The size of the group was appropriate for the sessions. | 1 | 2 | 3 | 4 | 5 |
| 4. The location of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |
| 5. The day and time of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |

IV. QUESTIONS

1. What did you find most helpful about this workshop?
2. What did you find least helpful about this workshop?
3. What additional information would you like to see included in future IFSP workshops?
4. What will you do differently as a result of this workshop?

APPENDIX E

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

FAMILY-CENTERED CARE

WORKSHOP AGENDA

TOPIC	FORMAT
Logistics	
Introductions	Group Discussion
A. Objectives	
B. Handouts	
Values clarification	Group Activity
Family-centered care	Video Presentation Group Discussion
Break	
9 Key elements of family-centered care & family empowerment	Group Activity
Evaluate current practices & program philosophy in regards to a family-centered care philosophy	Activity Brass Tacks & Group Discussion
Closing/Evaluation	Individual/Group Activity

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

FAMILY CENTERED CARE

WORKSHOP OBJECTIVES

At the end of this session, participants' will:

1. Identify the 9 elements of family-centered care and describe with a list of ideas how they can apply each element to their work with families.
2. Evaluate their program's current family-centered practices using the Brass Tacks Self-Rating Activity Part 1.
3. Provide specific examples of family strengths and needs using the families in the video presentation or families involved in their program.
4. Review their program's current philosophy and compare it to a family-centered care philosophy.
5. Develop one philosophy statement that might be used in an early intervention program in regards to the "role of families".

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention
New York Medical College

FAMILY-CENTERED CARE WORKSHOP
PRE/POST QUESTIONNAIRE

1. Public Law 99-457 state that:
 - a. States are mandated to provide services for children with disabilities from birth through five years of age.
 - b. States are mandated to provide services for children with disabilities from birth to three years of age.
 - c. States determine whether services are provided for children with disabilities from birth through five years of age.
 - d. States are mandated to provide services for children with disabilities from three through five years of age, and can determine whether they will provide services for handicapped children from birth to three years of age.
2. Who has been designated as the lead agency in New York for programs serving children with disabilities and children at-risk between the ages of birth and three years?
 - a. Department of Education
 - b. Department of Health
 - c. Department of Mental Retardation
 - d. Interagency Coordinating Council
3. List two principles of family-centered care.
 - a. _____
 - b. _____
4. The role of families in a family-centered care approach is: (circle all that apply)
 - a. Listen and follow all advice given by professionals.
 - b. To be coequal members of the early intervention team.

- c. Stay home and attend meetings only when necessary.
 - d. Make informed choices.
5. The role of the professional in a family-centered care approach is: (circle all that apply)
- a. Identify the needs of the child and family.
 - b. Assist families in identifying their own resources.
 - c. Complete the IFSP and then share it with the family.
 - d. To be a coequal member of the early intervention team with the family being another member.
6. Family empowerment means:
- a. Helping families by doing whatever we can.
 - b. Telling families what they can do to take more power in their lives.
 - c. Family making informed choices.
 - d. Families being their own case managers.
7. The key elements of family-centered care were developed as part of who's initiative in 1987?
- a. George Bush
 - b. Lamar Alexander
 - c. C. Everett Koop
 - d. T. Berry Brazelton
8. _____ questions are the most effective means of obtaining information from families.
- a. Direct
 - b. Close-ended
 - c. Open-ended

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

FAMILY CENTERED CARE WORKSHOP

READINGS/REFERENCES

1. Dunst, C.J., Trivette, D.M., & Deal, A (1988). Enabling and empowering families: Principles and guidelines for practice. Cambridge, MA: Brookline Books.
2. Klago, Jennifer L. A family centered approach to early intervention. Interdisciplinary infant & service training UAP Virginia Institute for Developmental Disabilities.
3. Edelman, L. (ED.). (1991). Getting on Board: Training Activities to Promote the practice of family-centered care. Bethesda, MD: Association for the Care of Children's Health.

HANDOUT
GUIDELINES FOR COMMUNICATING
WITH PARENTS

- Be positive in your interactions. In addition to identifying problems and areas of concern, talk about the strengths that you see in the child and the family. Without positive interaction, parents will be reluctant to engage in any meaningful contact and will quickly feel that they are "not liked".
- Offer constructive suggestions to issues that parents have identified. The need areas that parents identify may be very different from what you see at school, but are equally important to the child and family. Work with the family to address these issues. Let them know that their input is valuable.
- Promote a sense of cooperation and joint responsibility. Value the parent/professional partnership as a valid process for meeting the total needs of the child and family.
- Assist families in identifying their own resources. Do not foster a dependency. Rather, give families the information they need to make their own choices and decisions.
- Recognize that progress in school may not reflect any improvement in the quality of interaction at home.
- Your successes may mean little to the family, as success or difficulty at home may not mean much to the school staff. All of these issues are important to you, the child and the family. The responsibilities of both parent and professional is to find a method to address each issue.

Guidelines for Enabling and Empowering Families

- * Be both positive and proactive in interactions with families.
- * Offer help in response to family-identified needs.
- * Permit the family to decide whether to accept or reject help.
- * Offer help that is normative.
- * Offer help that is congruent with the family's appraisal of their needs.
- * Promote acceptance of help by keeping the response costs low.
- * Permit help to be reciprocated.
- * Promote the family's immediate success in mobilizing resources.
- * Promote the use of informal support as the principle way of meeting needs.
- * Promote a sense of cooperation and joint responsibility for meeting family needs.
- * Promote the family member's acquisition of effective behavior for meeting needs.
- * Promote the family member's ability to see themselves as an active agent responsible for behavior change.

Source: Dunst, C. J., Trivette, C. M., & Deal, A. G. (1988). *Enabling and empowering families: Principles and guidelines for practice*. Cambridge, MA: Brookline.

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE**

PARTICIPANT INFORMATION

NAME: _____

AGENCY: _____

DATE: _____

Have you been to a Birth to Five Inservice training before? _____

If yes, when? _____

What is your current position?

- _____ Early Childhood Special Educator
- _____ Occupational Therapist
- _____ Physical Therapist
- _____ Speech Pathologist
- _____ Nurse
- _____ Administrator/Supervisor/Coordinator of Special Education
- _____ Administrator/Supervisor/Coordinator of Early Intervention
- _____ Administrator/Supervisor/Coordinator of Day Care
- _____ Nursery School/Day Care Teacher
- _____ Consultant
- _____ Guidance Counselor
- _____ Learning Disabilities Teacher
- _____ Psychologist
- _____ Social Worker
- _____ Other _____

What is the area of your Certification/License?

- | | |
|--|--|
| ☐ Early Childhood Ed. | ☐ Early Childhood Special Ed. |
| ☐ PT | ☐ OT |
| ☐ Special Education | ☐ Psychology |
| ☐ Blind/Visually Impaired | ☐ Administration |
| ☐ Elementary Ed. | ☐ Reading |
| ☐ Learning Disabilities | ☐ Speech Pathology |
| ☐ Counseling | ☐ Social Work |
| ☐ Nursing | ☐ Hearing Impaired |

Have you had any formal training focusing on the birth to three population?

☐ yes ☐ no

How long have you been serving 0-3 yr. olds?

How long have you been teaching or working in your field?

What type of previous experience have you had?

- ☐ 3-5 year olds - Early Intervention
- ☐ Primary Special Ed.
- ☐ Adolescents/Adults - Special Ed.
- ☐ 0-5 typical children
- ☐ Elementary Regular Ed.
- ☐ Secondary Regular Ed.
- ☐ Other Education
- ☐ Other (Please List) _____

Have you had any training during the past two years on this institute's topic?

Who do you serve?

- ☐ 0-18 month old children
- ☐ 18 months-3 year old children
- ☐ parents and families

What are the types of disabilities of children you serve?

- | | |
|--|--|
| ☐ mild/moderate MR | ☐ severe/profound MR |
| ☐ multihandicapped | ☐ physical handicaps |
| ☐ blind | ☐ deaf/blind |
| ☐ hearing impaired | ☐ learning disabled |
| ☐ developmental delays | ☐ emotionally disturbed |
| ☐ medically involved | ☐ behavior disordered |
| ☐ speech and language delayed | ☐ other _____ |

What is your current degree?

- | | | |
|--------------------------------|--------------------------------|---|
| ☐ BA | ☐ BS | ☐ MA |
| ☐ MS | ☐ M.Ed. | ☐ 6th year cert. |
| ☐ MSW | ☐ Ed.D. | ☐ Post Masters |
| ☐ Ph.D. | ☐ RN | ☐ C.C.C.-SLP |
| ☐ Other | _____ | |

NIÑOS ESPECIALES OUTREACH TRAINING INSTITUTE
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE

INDIVIDUAL SESSION EVALUATION

Name: _____

Date: _____

Agency: _____

Please rate the following statements on a scale of 1 through 5:

- 1 indicating that you strongly disagree with the statement,
- 2 indicating that you mildly disagree with the statement,
- 3 indicating neutral,
- 4 indicating that you mildly agree with the statement,
- 5 indicating that you strongly agree with the statement.

	Strongly Disagree		Neutral		Strongly Agree
I. <u>CONTENT</u>					
1. Objectives of the training were met.	1	2	3	4	5
2. All topics on the agenda were addressed.	1	2	3	4	5
3. The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4. Adequate illustrations and examples were used during presentations.	1	2	3	4	5
5. Time was well organized.	1	2	3	4	5
6. The information is relevant and can be applied to my work situation.	1	2	3	4	5
7. I feel I now have a better understanding of the subject presented.	1	2	3	4	5

II. PRESENTER

- | | | | | | |
|--|---|---|---|---|---|
| 1. The presenters were well prepared and organized. | 1 | 2 | 3 | 4 | 5 |
| 2. The presenters were knowledgeable in the subject. | 1 | 2 | 3 | 4 | 5 |
| 3. The presenters used a variety of activities that corresponded with the content. | 1 | 2 | 3 | 4 | 5 |
| 4. The presenters were easy to listen to. | 1 | 2 | 3 | 4 | 5 |
| 5. The presenters valued our input. | 1 | 2 | 3 | 4 | 5 |

III. LOGISTICS OF PRESENTATION

- | | | | | | |
|---|---|---|---|---|---|
| 1. I found the environment to be comfortable. | 1 | 2 | 3 | 4 | 5 |
| 2. There was adequate time for breaks during the training sessions. | 1 | 2 | 3 | 4 | 5 |
| 3. The size of the group was appropriate for the sessions. | 1 | 2 | 3 | 4 | 5 |
| 4. The location of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |
| 5. The day and time of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |

IV. QUESTIONS

1. What did you find most helpful about this workshop?
2. What did you find least helpful about this workshop?
3. What additional information would you like to see included in future family centered care workshops?
4. What will you do differently as a result of this workshop?

APPENDIX F

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

TRANSITIONING
WORKSHOP AGENDA

TOPIC	FORMAT
Logistics	
Introductions	
A. Objectives	Group Activity
B. Handouts	Brainstorming
C. Personal transitions	
Overview of "Transitioning" definition, advantages & relationship to P.L. 99-457 & IFSP	Lecture/Discussion
Describe present agency transition process	Group Activity
Break	
Overview of steps & timelines in the transition process including unresolved transition issues	Lecture/Discussion
Develop a sample transition plan with timelines/events as needed for the IFSP.	Group Activity Case Study
Discuss different transition plans & evaluation of workshop.	Group Discussion

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

TRANSITIONING
WORKSHOP OBJECTIVES

At the end of this session, the participants' will:

1. Understand transition planning as an integral part of the IFSP process and P.L. 99-457.
2. Demonstrate knowledge of the definition of transition and the philosophical basis/conceptual framework for transition planning.
3. Identify events and timelines in the transition process.
4. Discuss the basic steps in the transition process and then develop a sample transition plan including timelines and events as needed for an IFSP, from a given case study or agency provided study.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention
New York Medical College

TRANSITIONING WORKSHOP
PRE/POST QUESTIONNAIRE

1. Public Law 99-457 states that:
 - a. States are mandated to provide services for children with disabilities from birth through five years of age.
 - b. States are mandated to provide services for children with disabilities from birth to three years of age.
 - c. States determine whether services are provided for children with disabilities from birth through five years of age.
 - d. States are mandated to provide services for handicapped children from three through five years of age, and can determine whether they will provide services for children with disabilities from birth to three years of age.
2. What are three types of services that need to be included on the Individualized Family Service Plan?
 - a. _____
 - b. _____
 - c. _____
3. List three reasons for having a written transition.
 - a. _____
 - b. _____
 - c. _____

4. List four steps in the transition process.
- a. _____
 - b. _____
 - c. _____
 - d. _____
5. When should you begin transition planning?
- a. one year before
 - b. at least six months prior to change
 - c. three months before
 - d. two weeks before
6. Who should be involved in the transition planning? (circle all that apply)
- a. staff of present early intervention
 - b. parents or caregivers
 - c. staff from future program
 - d. medical staff
7. List three ways we can prepare children and their families for transition.
- a. _____
 - b. _____
 - c. _____

8. Which of the following skills are needed by professionals to assist in the transition process? (circle all that apply)
- a. effective communication skills
 - b. knowledge of community resources
 - c. awareness of referral timelines/process
 - d. knowledge of a preparatory curriculum
 - e. knowledge of skills required in subsequent environment
 - f. teaming skills
9. Which of the following skills are needed by parents to assist the transition process? (circle all that apply)
- a. thorough knowledge of the child's needs
 - b. ability to state child's needs
 - c. awareness of placement options
 - d. knowledge of legal rights
 - e. knowledge of a preparatory curriculum
 - f. knowledge of the IEP/IFSP process

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

TRANSITIONING WORKSHOP

REFERENCES

- Chambers, J., Kysela, G.M., McDonald, L., McDonald, S., & Siebert, P. (Fall, 1989). Parent Perspectives: Transition to Preschool. Teaching Exceptional Children, pp. 4-8.
- Kilgo, J.L., Noonan, M.J., & Richard, N. (1989). Teaming for the future: Integrating transition planning with early intervention services for young children with special needs and their families. Infants and Young Children, 2(2), 37-48. Aspen Publishers.

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UNRESOLVED TRANSITION ISSUES

Important questions to be considered in the transition process:

"Who is to be involved in the transition planning?"

"Who is responsible for implementation?"

"When does transition begin and end?"

"How do we determine parent readiness for transition?"

"How do we determine the level of parental support?"

"How do we implement?"

"How do we measure effectiveness?"

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
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Family Support/Early Intervention

TRANSITIONING WORKSHOP

Group Activity

Think about the school system or agency you are involved with. Does it have an established transition process? What are the steps included in that process?

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE**

PARTICIPANT INFORMATION

NAME: _____

AGENCY: _____

DATE: _____

Have you been to a Birth to Five Inservice training before? _____

If yes, when? _____

What is your current position?

- _____ Early Childhood Special Educator
- _____ Occupational Therapist
- _____ Physical Therapist
- _____ Speech Pathologist
- _____ Nurse
- _____ Administrator/Supervisor/Coordinator of Special Education
- _____ Administrator/Supervisor/Coordinator of Early Intervention
- _____ Administrator/Supervisor/Coordinator of Day Care
- _____ Nursery School/Day Care Teacher
- _____ Consultant
- _____ Guidance Counselor
- _____ Learning Disabilities Teacher
- _____ Psychologist
- _____ Social Worker
- _____ Other _____

What is the area of your Certification/License?

- | | |
|--|--|
| ☐ Early Childhood Ed. | ☐ Early Childhood Special Ed. |
| ☐ PT | ☐ OT |
| ☐ Special Education | ☐ Psychology |
| ☐ Blind/Visually Impaired | ☐ Administration |
| ☐ Elementary Ed. | ☐ Reading |
| ☐ Learning Disabilities | ☐ Speech Pathology |
| ☐ Counseling | ☐ Social Work |
| ☐ Nursing | ☐ Hearing Impaired |

Have you had any formal training focusing on the birth to three population?

☐ yes ☐ no

How long have you been serving 0-3 yr. olds? _____

How long have you been teaching or working in your field? _____

What type of previous experience have you had?

- ☐ 3-5 year olds - Early Intervention
- ☐ Primary Special Ed.
- ☐ Adolescents/Adults - Special Ed.
- ☐ 0-5 typical children
- ☐ Elementary Regular Ed.
- ☐ Secondary Regular Ed.
- ☐ Other Education
- ☐ Other (Please List) _____

Have you had any training during the past two years on this institute's topic? _____

Who do you serve?

- ☐ 0-18 month old children
- ☐ 18 months-3 year old children
- ☐ parents and families

What are the types of disabilities of children you serve?

- | | |
|--|--|
| ☐ mild/moderate MR | ☐ severe/profound MR |
| ☐ multihandicapped | ☐ physical handicaps |
| ☐ blind | ☐ deaf/blind |
| ☐ hearing impaired | ☐ learning disabled |
| ☐ developmental delays | ☐ emotionally disturbed |
| ☐ medically involved | ☐ behavior disorderd |
| ☐ speech and language delayed | ☐ other _____ |

What is your current degree?

- | | | |
|--------------------------------|--------------------------------|---|
| ☐ BA | ☐ BS | ☐ MA |
| ☐ MS | ☐ M.Ed. | ☐ 6th year cert. |
| ☐ MSW | ☐ Ed.D. | ☐ Post Masters |
| ☐ Ph.D. | ☐ RN | ☐ C.C.C.-SLP |
| ☐ Other | _____ | |

NIÑOS ESPECIALES OUTREACH TRAINING INSTITUTE
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE

INDIVIDUAL SESSION EVALUATION

Name: _____

Date: _____

Agency: _____

Please rate the following statements on a scale of 1 through 5:

1 indicating that you strongly disagree with the statement.

2 indicating that you mildly disagree with the statement.

3 indicating neutral.

4 indicating that you mildly agree with the statement.

5 indicating that you strongly agree with the statement.

	Strongly Disagree		Neutral		Strongly Agree
I. <u>CONTENT</u>					
1. Objectives of the training were met.	1	2	3	4	5
2. All topics on the agenda were addressed.	1	2	3	4	5
3. The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4. Adequate illustrations and examples were used during presentations.	1	2	3	4	5
5. Time was well organized.	1	2	3	4	5
6. The information is relevant and can be applied to my work situation.	1	2	3	4	5
7. I feel I now have a better understanding of the subject presented.	1	2	3	4	5

II. PRESENTER

- | | | | | | |
|--|---|---|---|---|---|
| 1. The presenters were well prepared and organized. | 1 | 2 | 3 | 4 | 5 |
| 2. The presenters were knowledgeable in the subject. | 1 | 2 | 3 | 4 | 5 |
| 3. The presenters used a variety of activities that corresponded with the content. | 1 | 2 | 3 | 4 | 5 |
| 4. The presenters were easy to listen to. | 1 | 2 | 3 | 4 | 5 |
| 5. The presenters valued our input. | 1 | 2 | 3 | 4 | 5 |

III. LOGISTICS OF PRESENTATION

- | | | | | | |
|---|---|---|---|---|---|
| 1. I found the environment to be comfortable. | 1 | 2 | 3 | 4 | 5 |
| 2. There was adequate time for breaks during the training sessions. | 1 | 2 | 3 | 4 | 5 |
| 3. The size of the group was appropriate for the sessions. | 1 | 2 | 3 | 4 | 5 |
| 4. The location of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |
| 5. The day and time of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |

IV. QUESTIONS

1. What did you find most helpful about this workshop?
2. What did you find least helpful about this workshop?
3. What additional information would you like to see included in future transition workshops?
4. What will you do differently as a result of this workshop?

APPENDIX G

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
MRI/Institute for Human Development
New York Medical College

INTERAGENCY COLLABORATION

WORKSHOP AGENDA

TOPIC	FORMAT
Logistics	
Introductions	
A. Objectives	
B. Handouts	Group Activity
C. Change	
Overview of Interagency Collaboration	Lecture/Group Discussion
A. Rationale	
B. Barriers	
C. Solutions	
Team Building	Group Activity
Break	
Steps in planning for Interagency Collaboration	Lecture/Group Discussion
Interagency agreements: Case Study: Develop a practice interagency agreement	Group Discussion/Activity

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

INTERAGENCY COLLABORATION

WORKSHOP OBJECTIVES

At the end of this session, the participants' will:

1. Identify at least 5 components of a written interagency agreement.
2. Develop a practice interagency agreement based on a case study.
3. Describe 3 potential barriers to interagency collaboration and propose solutions for each.
4. Describe the importance of interagency collaboration in the development and implementation of a comprehensive early intervention system.
5. Identify several steps in the planning process for interagency collaboration.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention
New York Medical College

INTERAGENCY COORDINATION WORKSHOP
PRE/POST QUESTIONNAIRE

1. Interagency collaboration is important because it:
 - a. helps to prevent duplication of services
 - b. ensures that parents will be case managers
 - c. helps provide for continuity of services
 - d. all of the above
 - e. a & c
2. Three of the components that should be included in an interagency agreement are: duration of the agreement, services to be provided, and referral processes of each agency.

True False
3. There should always be written protocol for interagency meetings.

True False
4. Who should be involved in an interagency coordination meeting? (circle the best answer)
 - a. community agencies
 - b. social services
 - c. church
 - d. parents
 - e. educational services
 - f. all agencies including parent groups working with children and families.

5. List three possible barriers to interagency collaboration.

- a. _____
- b. _____
- c. _____

6. List a possible solution for each barrier identified.

7. List three possible steps in the planning process for interagency collaboration.

- a. _____
- b. _____
- c. _____

8. Name two ingredients that contribute to an effective team meeting.

- a. _____
- _____
- b. _____
- _____
- _____

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

INTERAGENCY COLLABORATION WORKSHOP

REFERENCES

- Administration of Children, Youth & Families, Head Start Bureau. (1982). Developing a Community Team. (DHHS 383-283). Washington D.C.: US Government Printing Office.
- Elder, J.O., & Magrab, P.R. (Eds.) (1980). Coordinating Services to Handicapped Children, (pp. 13-23). Baltimore, MD: Paul H. Brookes.
- Pediatric Research and Training Center. (1988). An introduction to interagency collaboration in special education. Farmington, CT: Division of Child and Family Studies, Department of Pediatrics, University of Connecticut Health Center.

NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE

PARTICIPANT INFORMATION

NAME: _____

AGENCY: _____

DATE: _____

Have you been to a Birth to Five Inservice training before? _____

If yes, when? _____

What is your current position?

- _____ Early Childhood Special Educator
- _____ Occupational Therapist
- _____ Physical Therapist
- _____ Speech Pathologist
- _____ Nurse
- _____ Administrator/Supervisor/Coordinator of Special Education
- _____ Administrator/Supervisor/Coordinator of Early Intervention
- _____ Administrator/Supervisor/Coordinator of Day Care
- _____ Nursery School/Day Care Teacher
- _____ Consultant
- _____ Guidance Counselor
- _____ Learning Disabilities Teacher
- _____ Psychologist
- _____ Social Worker
- _____ Other _____

Who do you serve?

- ☐ 0-18 month old children
- ☐ 18 months-3 year old children
- ☐ parents and families

What are the types of disabilities of children you serve?

- | | |
|--|--|
| ☐ mild/moderate MR | ☐ severe/profound MR |
| ☐ multihandicapped | ☐ physical handicaps |
| ☐ blind | ☐ deaf/blind |
| ☐ hearing impaired | ☐ learning disabled |
| ☐ developmental delays | ☐ emotionally disturbed |
| ☐ medically involved | ☐ behavior disorderd |
| ☐ speech and language delayed | ☐ other _____ |

What is your current degree?

- | | | |
|--------------------------------------|--------------------------------|---|
| ☐ BA | ☐ BS | ☐ MA |
| ☐ MS | ☐ M.Ed. | ☐ 6th year cert. |
| ☐ MSW | ☐ Ed.D. | ☐ Post Masters |
| ☐ Ph.D. | ☐ RN | ☐ C.C.C.-SLP |
| ☐ Other _____ | | |

What is the area of your Certification/License?

- | | |
|--|--|
| ☐ Early Childhood Ed. | ☐ Early Childhood Special Ed. |
| ☐ PT | ☐ OT |
| ☐ Special Education | ☐ Psychology |
| ☐ Blind/Visually Impaired | ☐ Administration |
| ☐ Elementary Ed. | ☐ Reading |
| ☐ Learning Disabilities | ☐ Speech Pathology |
| ☐ Counseling | ☐ Social Work |
| ☐ Nursing | ☐ Hearing Impaired |

Have you had any formal training focusing on the birth to three population?

☐ yes ☐ no

How long have you been serving 0-3 yr. olds?

How long have you been teaching or working in your field?

What type of previous experience have you had?

- ☐ 3-5 year olds - Early Intervention
- ☐ Primary Special Ed.
- ☐ Adolescents/Adults - Special Ed.
- ☐ 0-5 typical children
- ☐ Elementary Regular Ed.
- ☐ Secondary Regular Ed.
- ☐ Other Education
- ☐ Other (Please List) _____

Have you had any training during the past two years on this institute's topic?

NIÑOS ESPECIALES OUTREACH TRAINING INSTITUTE
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE

INDIVIDUAL SESSION EVALUATION

Name: _____

Date: _____

Agency: _____

Please rate the following statements on a scale of 1 through 5:

1 indicating that you strongly disagree with the statement,

2 indicating that you mildly disagree with the statement,

3 indicating neutral,

4 indicating that you mildly agree with the statement,

5 indicating that you strongly agree with the statement.

	Strongly Disagree		Neutral		Strongly Agree
I. <u>CONTENT</u>					
1. Objectives of the training were met.	1	2	3	4	5
2. All topics on the agenda were addressed.	1	2	3	4	5
3. The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4. Adequate illustrations and examples were used during presentations.	1	2	3	4	5
5. Time was well organized.	1	2	3	4	5
6. The information is relevant and can be applied to my work situation.	1	2	3	4	5
7. I feel I now have a better understanding of the subject presented.	1	2	3	4	5

II. PRESENTER

- | | | | | | |
|--|---|---|---|---|---|
| 1. The presenters were well prepared and organized. | 1 | 2 | 3 | 4 | 5 |
| 2. The presenters were knowledgeable in the subject. | 1 | 2 | 3 | 4 | 5 |
| 3. The presenters used a variety of activities that corresponded with the content. | 1 | 2 | 3 | 4 | 5 |
| 4. The presenters were easy to listen to. | 1 | 2 | 3 | 4 | 5 |
| 5. The presenters valued our input. | 1 | 2 | 3 | 4 | 5 |

III. LOGISTICS OF PRESENTATION

- | | | | | | |
|---|---|---|---|---|---|
| 1. I found the environment to be comfortable. | 1 | 2 | 3 | 4 | 5 |
| 2. There was adequate time for breaks during the training sessions. | 1 | 2 | 3 | 4 | 5 |
| 3. The size of the group was appropriate for the sessions. | 1 | 2 | 3 | 4 | 5 |
| 4. The location of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |
| 5. The day and time of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |

IV. QUESTIONS

1. What did you find most helpful about this workshop?
2. What did you find least helpful about this workshop?
3. What additional information would you like to see included in future interagency collaboration workshops?
4. What will you do differently as a result of this workshop?

APPENDIX H

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
MRI/Institute for Human Development
New York Medical College

TRANSDISCIPLINARY TEAM APPROACH

WORKSHOP AGENDA

TOPIC	FORMAT
Logistics	
Introductions	
A. Objectives	
B. Handouts	
C. Change	Group Activity
Discuss current program model	Group Activity Worksheet
Overview of team models	Lecture/Discussion
Features & characteristics of transdisciplinary teaming	Lecture/Discussion
Break	
Barriers of effective teaming & possible strategies	Group Activity Worksheet
Program philosophy & transdisciplinary teaming	Group Discussion
Team building	Group Activity

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

TRANSDISCIPLINARY TEAM APPROACH

WORKSHOP OBJECTIVES

At the end of this session, the participants' will:

1. Compare and contrast the 3 most common team models in early intervention in areas such as assessment, parent participation, program plan implementation, lines of communication, guiding philosophy and staff development.
2. Identify during a written group activity, two possible barriers to effective transdisciplinary teaming in each of the following areas: philosophical and professional, interpersonal communication and group dynamics and administrative. Then develop by brainstorming, possible strategies to overcome each barrier.
3. Describe their program's current team model including strengths and areas for improvement by comparing it to the features and characteristics of a transdisciplinary team model.
4. Understand the importance of having a program philosophy and how it influences team functioning.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention
New York Medical College

TRANSDISCIPLINARY TEAMING WORKSHOP
PRE/POST QUESTIONNAIRE

1. List the three common team models.

- a. _____
- b. _____
- c. _____

2. Describe one characteristic of each model.

3. List two possible barriers to effective transdisciplinary teaming.

- a. _____
- b. _____

4. List two possible strategies to overcome these barriers.

- a. _____
- b. _____

5. What is a team? (circle all that apply)
- a. a group of people
 - b. based on a common philosophy and a common goal
 - c. people who follow their own agenda but have team meetings once a week
 - d. work together
6. Who are participants in the "team"? (circle all that apply)
- a. parents or caregivers
 - b. professionals
 - c. friends
 - d. neighbors
7. In the transdisciplinary team model, each team member separately conducts their own assessments and then shares their program plans with one another.
- True False
8. It is possible to implement the transdisciplinary team model in one part of an early intervention program (e.g., in the intervention process) but not implement it in other parts of an early intervention program (e.g., in the assessment process).
- True False
9. Direct therapy for children is not part of the transdisciplinary model.
- True False
10. A philosophy that guides the transdisciplinary team model is:
- a. Team members recognize the importance of contributions from other disciplines.

- b. Team members teach, learn, and work together across discipline boundaries to implement unified service plans.
 - c. Team members are willing and able to develop, share and be responsible for providing services that are part of the total service plan.
 - d. None of the above.
11. A program philosophy is important because the program's _____ should share the same philosophical basis.
- a. assessments
 - b. curricula
 - c. staff
 - d. all of the above
 - e. a & b

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

TRANSDISCIPLINARY TEAM APPROACH WORKSHOP

READINGS/REFERENCES

- Coye, Ray W., & Spencer, Patricia E. (1988). Project Bridge: A team approach to decision making for early services. Infants and Young Children, 1(1), 82-92. Aspen Publishers.
- Garland, Corinne W., & McGonigel, Mary J. (1988). The individualized family service plan and the early intervention team: Team and family issues and recommended practices. Infants and Young Children, 1(1), 10-21. Aspen Publishers.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

Transdisciplinary Team Approach Workshop

Worksheet 1

Please complete the following:

1. What type of team structure is currently in place in your program?

2. Are you satisfied with team model? Why or why not? _____

3. What do you think are the strengths of your team? _____

4. In what areas would you like to see your team improve? _____

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI/Institute for Human Development
Family Support/Early Intervention

Transdisciplinary Team Approach Workshop
Barriers and Strategies for Effective Teaming

Worksheet 2

Within you group please complete the following by writing 2 possible barriers in each category and then brainstorm possible strategies to overcome each barrier.

1a. Philosophical and professional:

1b. Possible strategies:

2a. Interpersonal communication & group dynamics:

2b. Possible strategies:

Transdisciplinary Team Approach Workshop

Worksheet 2 (Cont'd)

3a. Administrative:

3b. Possible strategies:

4. Other:

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE**

PARTICIPANT INFORMATION

NAME: _____

AGENCY: _____

DATE: _____

Have you been to a Birth to Five Inservice training before? _____

If yes, when? _____

What is your current position?

- _____ Early Childhood Special Educator
- _____ Occupational Therapist
- _____ Physical Therapist
- _____ Speech Pathologist
- _____ Nurse
- _____ Administrator/Supervisor/Coordinator of Special Education
- _____ Administrator/Supervisor/Coordinator of Early Intervention
- _____ Administrator/Supervisor/Coordinator of Day Care
- _____ Nursery School/Day Care Teacher
- _____ Consultant
- _____ Guidance Counselor
- _____ Learning Disabilities Teacher
- _____ Psychologist
- _____ Social Worker
- _____ Other _____

What is the area of your Certification/License?

- | | |
|--|--|
| ☐ Early Childhood Ed. | ☐ Early Childhood Special Ed. |
| ☐ PT | ☐ OT |
| ☐ Special Education | ☐ Psychology |
| ☐ Blind/Visually Impaired | ☐ Administration |
| ☐ Elementary Ed. | ☐ Reading |
| ☐ Learning Disabilities | ☐ Speech Pathology |
| ☐ Counseling | ☐ Social Work |
| ☐ Nursing | ☐ Hearing Impaired |

Have you had any formal training focusing on the birth to three population?

☐ yes ☐ no

How long have you been serving 0-3 yr. olds?

How long have you been teaching or working in your field?

What type of previous experience have you had?

- ☐ 3-5 year olds - Early Intervention
- ☐ Primary Special Ed.
- ☐ Adolescents/Adults - Special Ed.
- ☐ 0-5 typical children
- ☐ Elementary Regular Ed.
- ☐ Secondary Regular Ed.
- ☐ Other Education
- ☐ Other (Please List) _____

Have you had any training during the past two years on this institute's topic?

Who do you serve?

- ☐ 0-18 month old children
- ☐ 18 months-3 year old children
- ☐ parents and families

What are the types of disabilities of children you serve?

- | | |
|--|--|
| ☐ mild/moderate MR | ☐ severe/profound MR |
| ☐ multihandicapped | ☐ physical handicaps |
| ☐ blind | ☐ deaf/blind |
| ☐ hearing impaired | ☐ learning disabled |
| ☐ developmental delays | ☐ emotionally disturbed |
| ☐ medically involved | ☐ behavior disordered |
| ☐ speech and language delayed | ☐ other _____ |

What is your current degree?

- | | | |
|--------------------------------|--------------------------------|---|
| ☐ BA | ☐ BS | ☐ MA |
| ☐ MS | ☐ M.Ed. | ☐ 6th year cert. |
| ☐ MSW | ☐ Ed.D. | ☐ Post Masters |
| ☐ Ph.D. | ☐ RN | ☐ C.C.C.-SLP |
| ☐ Other | _____ | |

NIÑOS ESPECIALES OUTREACH TRAINING INSTITUTE
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE

INDIVIDUAL SESSION EVALUATION

Name: _____

Date: _____

Agency: _____

Please rate the following statements on a scale of 1 through 5:

- 1 indicating that you strongly disagree with the statement,
- 2 indicating that you mildly disagree with the statement,
- 3 indicating neutral,
- 4 indicating that you mildly agree with the statement,
- 5 indicating that you strongly agree with the statement.

	Strongly Disagree		Neutral		Strongly Agree
I. <u>CONTENT</u>					
1. Objectives of the training were met.	1	2	3	4	5
2. All topics on the agenda were addressed.	1	2	3	4	5
3. The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4. Adequate illustrations and examples were used during presentations.	1	2	3	4	5
5. Time was well organized.	1	2	3	4	5
6. The information is relevant and can be applied to my work situation.	1	2	3	4	5
7. I feel I now have a better understanding of the subject presented.	1	2	3	4	5

II. PRESENTER

- | | | | | | |
|--|---|---|---|---|---|
| 1. The presenters were well prepared and organized. | 1 | 2 | 3 | 4 | 5 |
| 2. The presenters were knowledgeable in the subject. | 1 | 2 | 3 | 4 | 5 |
| 3. The presenters used a variety of activities that corresponded with the content. | 1 | 2 | 3 | 4 | 5 |
| 4. The presenters were easy to listen to. | 1 | 2 | 3 | 4 | 5 |
| 5. The presenters valued our input. | 1 | 2 | 3 | 4 | 5 |

III. LOGISTICS OF PRESENTATION

- | | | | | | |
|---|---|---|---|---|---|
| 1. I found the environment to be comfortable. | 1 | 2 | 3 | 4 | 5 |
| 2. There was adequate time for breaks during the training sessions. | 1 | 2 | 3 | 4 | 5 |
| 3. The size of the group was appropriate for the sessions. | 1 | 2 | 3 | 4 | 5 |
| 4. The location of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |
| 5. The day and time of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |

IV. QUESTIONS

1. What did you find most helpful about this workshop?
2. What did you find least helpful about this workshop?
3. What additional information would you like to see included in future transdisciplinary teaming workshops?
4. What will you do differently as a result of this workshop?

APPENDIX I

New York Medical College

MRI/Institute for Human Development
Family Support / Early Intervention
Room 423
Valhalla, NY 10595-1689

(914) 285-7052

October 28, 1991

Dear ,

The Niños Especiales Outreach Training Project is now providing training to early intervention teams in new York State. This project (funded by the Early Education Program for Children with Disabilities) offers in depth training on a culturally sensitive, family focused model of early intervention to professionals who work with children with disabilities and their families of Puerto Rican heritage.

The training possibilities through this project are a Cultural Sensitivity Institute and workshops in the following topics: IFSP, Family-Centered Care, Interagency Coordination, Transdisciplinary Teaming and Transition. Institutes are multiple three hour sessions and workshops are half a day or up to one day session. Both formats have follow up activities.

All trainings are provided at no charge and at a place that is convenient to your location. The attached brochure describes the other training opportunities offered by our department.

If you would like more information or would like to discuss the training opportunities, please do not hesitate to contact myself or Deirdre Barnwell at (914) 285-8120.

Sincerely,

Gabriela Freyre, M.S.W.
Project Coordinator
Niños Especiales Outreach Training Project

ENC: 2

GF/mt

TRAINING OPPORTUNITIES for Early Intervention Programs

TRAINING TOPICS:

- *Individual Family Service Plans (IFSP's)
- *Transdisciplinary Teaming
- *Case Coordination
- *Infant Curricula
- *Programming for Infants, Toddlers, and Their Families
- *Cultural Sensitivity

TRAINING FORMATS:

Workshops

- 1 day
- 2 day with technical assistance follow up

In addition to above topics, other workshop topics may be provided upon request.

Institutes

Multiple training sessions with follow up

Replication

On site technical assistance to replicate state of the art practice in early intervention

**ALL TRAINING IS PROVIDED FREE OF CHARGE AND AT A LOCATION
CONVENIENT TO YOUR PROGRAM**

For more information, please contact:

Tina Nikitas
Family Support/Early Intervention
Cedarwood Hall, Room 426
New York Medical College
Valhalla, New York 10595-1689
(914) 285-7052

**NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE**

Request for Training

Date: _____ Niños Especiales contact: _____

Person requesting training: _____

Agency/Address _____

Phone: () _____

Format: _____

Audience: Type _____ Number: _____

Location of Training: _____

Training Schedule: Dates _____

Times _____

Length _____

Training Materials Needed

Person Responsible

_____ Folders	_____
_____ Overhead Projector	_____
_____ Screen	_____
_____ Slide Projector	_____
_____ Carousel	_____
_____ Flip Chart	_____
_____ VCR	_____
_____ Handouts	_____
_____ Other	_____

Mean pretest _____

Mean eval. score _____

Mean posttest _____

Family Support/Early Intervention
Request for Inservice Training

Date: _____ Person Taking Request: _____

Person Requesting Training: _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Type of Program: _____

Topic Requested: _____

Format: Workshop Institute

Audience: _____ Number: _____

Location: _____

Requested date(s): _____

Follow Up: _____

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
UCONN Health Center - Department of Pediatrics

TRAINING AND TECHNICAL ASSISTANCE NEEDS ASSESSMENT

I. Family Oriented Services

- _____ a. helping families identify support networks (i.e.: extended family, within community, and financial)
- _____ b. helping families identify information needs
- _____ c. helping families identify intervention needs for their infant (i.e.: caretaking routines, facilitating motor development, interactional skills)

II. Culturally Directed Services

- _____ a. providing intervention and written materials in the preferred language (Spanish or English)
- _____ b. implementing culturally sensitive home visits
- _____ c. developing culturally sensitive individualized family service plans

III. Individual Family Service Plans

- _____ a. family systems and family empowerment
- _____ b. assessment of families
- _____ c. assessment of infants and young children
- _____ d. goal setting for families, infants and young children
- _____ e. curriculum and programming for specific populations
- _____ f. case reviews and data collection strategies

IV. Other Services

- _____ a. utilizing the transdisciplinary team
- _____ b. transitions to the next educational environment
- _____ c. interagency coordination
- _____ d. administration (i.e.: hiring bilingual early interventionists, policies, procedures)

APPENDIX J



ANDREW P. O'ROURKE
County Executive

WESTCHESTER INSTITUTE
FOR HUMAN DEVELOPMENT

MACK L. CARTER, JR.
Commissioner

Cedarwood Hall
Valhalla, New York, 10595-1689
(914) 285-

August 12, 1992

Dear Colleague,

The Niños Especiales Program is a federally funded outreach project from the U.S. Department of Education, Early Education Program for Young Children with Disabilities. We are able to provide training and technical assistance (at no cost) to early intervention programs on issues related to the provision of early intervention to children (age birth through five) and their families of Hispanic heritage. We are trying to plan our third and final year of the project and need help from you on how we might best design training. Please fill out the enclosed questionnaire and/or call us at (914) 285-7052 with any ideas on how we might be able to help you and your staff provide intervention to the Hispanic population.

If you have already completed and returned this questionnaire, please just complete the top portion with your phone number and program name and return it to us as soon as possible.

Thank you.

Sincerely,

Mary Beth Bruder, Ph.D.
Director
Family Support/Early Intervention

ENC

MBB/meo

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Name of Program: _____

Address: _____

Phone #: _____

Person to Contact: _____

1. How many children and families of Hispanic heritage do you currently serve? _____
2. How many of these families are of Puerto Rican heritage? _____
3. How many of your total Hispanic population speak Spanish as their preferred language? _____
4. Do you have difficulty providing appropriate intervention services to the Hispanic population? _____
5. If so, is it because of: (check all that apply)
language barriers? _____
family issues? _____
interagency issues? _____
cultural issues? _____
lack of appropriate staff? _____
6. Do you have written materials for families (e.g., informational, educational, legal, etc.) translated into Spanish? _____
7. How many staff do you have who can speak or write Spanish? _____
8. Do you currently receive training or technical assistance on intervention issues related to the Hispanic population? _____

9. Do you need training or technical assistance on intervention issues related to the Hispanic population?_____

10. If yes, what type of training and technical assistance would you like:
(check all that apply)

ongoing training and technical assistance for your whole staff?_____

workshops for your staff on selected topics?_____

technical assistance on Spanish language instruction and translation?_____

technical assistance on interagency issues for selected families of Hispanic heritage?_____

training and technical assistance to develop culturally sensitive IFSPs/IEPs and intervention strategies for Hispanic families?_____

Please return to:

Niños Especiales Outreach Training Project
Family Support/Early Intervention
Cedarwood Hall Room 423
Valhalla, NY 10595-1689

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
1. Early Childhood Direction Center	Carol Ladwig 25 Webster Street Kingston, NY 12401 (914)338-6755	60	None	No	Yes	Yes
2. Association for Children with Down's Syndrome	Patricia Flaherty 2626 Martin Avenue Bellemore, NY 11710	8	2	No	Yes	Yes
3. St. Peter's Child Care	Laura Strong Elaine Karas 204 Hawthorne Ave. Yonkers, NY 10705 (914) 476-2152	145	10	No	Yes	Yes
4. Maimonides Develop. Center	Karen Kobus 971 48th Street Brooklyn, NY 11219 (718) 283-7099	50% of 550 families (275)	13	No	Yes	Yes
5.	Flushing, Queens	12	5	No	Yes	Yes
6.	No postmark	25	6	No	Yes	Yes

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>6</u>
1. No	No	Yes	No	Scheduled 1st Regional Workshop for March 23. Other counties to be scheduled next quarter.	
2. Yes	No	Yes	Yes	Decided they are not interested in training.	
3. Yes	Yes	Yes	Yes	Not interested in training at this time.	
4. Yes	Yes	Yes	Yes	Not interested in training at this time.	
5. Yes	No	No	Yes		
6. Yes	Yes	Yes	Yes		

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
7. Rainbow Preschool	40 Kings Park Rd. Commack, NY (516) 543-1444 Penny Lewis, CSW	35	8	Yes	Yes	No
8. Little Meadows ECC	Kathy Toule/Ms. Fryzel 67-25 188th St. Fresh Meadows, NY 11365 (718) 454-6460 or 6902	18	4	No	Yes	No
9. BETAC- Bilingual Education Technical Assistance Center	540 Plaza East Main St. Riverhead, NY 11901 (516) 727-4812 Barbara Christina	280	2	No	Yes	No
10. Milestone School for Child Development	Susan Travers 2025 64th Street Brooklyn, NY 11204 (718) 837-5866	36	7	No	Yes	No
11.	No ID	3	3	No	Yes	No
12.	Queens, NY	50	8	Yes from NYC Brd.of Education	Yes	No
13.	Brooklyn, NY	80	14	No	Yes	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>7</u>
7. No	Yes	No	Yes	Not interested in training at this time.	
8. No	Yes	No	Yes	Not interested in training at this time.	
9. Yes	No	Yes	Yes	Not appropriate for training. Not an Early Intervention Program.	
10. Yes	No	No	Yes	Institute has been completed.	
11. No	Yes	No	Yes		
12. Yes	Yes	No	Yes		
13. Yes	Yes	No	Yes		

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
14.	New York, NY			Yes	Yes	No
15.	Long Island, NY	10	2	No	Yes	Yes
16.	New York, NY	60	9	No	Yes	No
17.	Mid-Hudson, NY 12555	3	2	No	Yes	No
18.	Mid-Hudson	0	0	No	No	No
19.	New York, NY	2,000	2	No	No	No
20. Westcop Peekskill Therapeutic Nursery	C. Rosenfeld 1045 Park Street Peekskill, NY 10566	5	1	No	No	No
21. Private Practice	Frank Volz, Ph.D. John Amato, Ed.D. 53 Townline Road Hauppauge, NY 11788	11	8	No	No	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>8</u>
14. No	No	Yes	Yes		
15. Yes	No	Yes	Yes		
16. No	No	Yes	Yes		
17. Yes	Yes	No	Yes		
18. No	No	No	No		
19. No	No	No	No		
20. No	No	No	No		
21. No	No	No	No		

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
22. South Shore Child Guidance Center	Murray Felson, CSW 17 W. Merrick Road Freeport, NY 11520 (516) 868-3030	30	3	No	No	No
23. Cancer Care, Inc.	1180 Ave of the Americas New York, NY 10036	973	3	Yes	No	No
24. LPA Parents Group	Betty Adelson 439 Sixth Street Brooklyn, NY 11215	6	No	No	No	No
25.	New Haven, CT	24	1	No	Yes	No
26. Easter Seal Rehab Center	Lynn Farla, EIP PO Box 182 New Haven, CT (203) 237-1448	20	1	No	Yes	No
27.	New Haven, CT	8	1	No	Yes	No
28. Easter Seal Rehab Center	Diane Boxer 100 Deerfield Rd. Windsor, CT 06095 (203) 688-7500	Few in pediatric population	8-10	No	No	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>7</u>
22. No	No	No	No		
23. No	No	No	No	Not an Early Intervention Program. Not appropriate for training.	
24. No	No	No	No		
25. Yes	No	No	No		
26. Yes	Yes	No	Yes	Institute has been completed	
27. No	Yes	No	No		
28. No	No	No	No		

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
29. Steven August Early Intervention Center	Lols Rho 1686 Waterbury Road Cheshire, CT 06410 (203) 272-3577			No	No	No
30. EastConn Infant/Toddler Intervention Program	Kathy Bradley Early Childhood Center 10 Commerce Drive PO Box 16 Columbia, CT (203) 456-3565	1-10 Infant 15 preschool	3	No	Yes	No
31. Easter Seals	Stamford, CT (203) 325-1544	12	3	No	Yes	No
32. Preschool Early Development and Screening Committee of Albany	Jamie Berrings 175 Green Street Albany, NY 12202 (518) 447-4677	9-10 quarter	1 PT	No	Yes	Yes
33. Cooperative Educational Services	Liz Grady 785 Unquowa Road Fairfield, CT 06430 (203) 255-7585	3	None	No	Yes	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>5</u>
29. No	No	No	No	No	
30. Yes	No	No	Yes	Institute has been completed.	
31. Yes	No	Yes	Yes	Not interested in training at this present time.	
32. Yes	No	Yes	No	Not able to participate in a Regional Workshop at the present time.	
33. Yes	No	No	Yes	Not interested in training at the present time.	

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
34. Children's Express	Madeline Alpert Learning Center Armenia, NY 12501 (914) 373-8263	1	1 w/min spa	No		No
35. Board of Ed and Services for the Blind	William Dessin 170 Ridge Road Wethersfield, CT 06109 (203) 249-8525	?	1	No	Maybe	No
36.		70	2	No	Yes	Yes
37. St. Catherine's Center for Children	Helen Hayes 40 North Main Avenue Albany, NY 12203 (518) 453-6700	12	4	Yes, by the Hispanic Outreach Services-part of Catholic Charities	No	No
38.	Hartford, CT	± 90	± 12	Yes regionally as needed	No	No
39.		10	None	No	Yes	No
40. Hebrew Academy for Special Children (HASC)	Jeanne Alter 321 Woodmere Blvd. Woodmere, NY 11598 (516) 295-1340	6-7	5-6 Ass't	No	Yes	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>7</u>
34. No	Yes	No	No	Not interested in training at the present time.	
35. Yes	No	No	Yes	Institute has been completed.	
36. Yes	No	No	No		
37. No	No	No	No		
38. No	No	No	NO		
39. No	Translation only	No	Yes		
40. No	No	No	No	Institute has been completed.	

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
41.	Elizabeth Williams 5 E 78st New York, NY 10021 (212) 879-9046 or 228-9350	few	None	No	No	No
42. Sunshine Develop. School	Diane K. Curry 231-10 Hillside Avenue Queens Village, NY 11427 (718) 468-9000	30	10	Yes	Yes	No
43. ARC Early Intervention Program	Gail Cohen PO Box 297 Tillson, NY 12486 (914) 658-3161	2	1 EI teacher	Yes	No	No
44. Seedling Child Development Center	Adrienne Montano PO Box 628 16 John Street Saugerties, NY 12477	0	0	No	No	No
45. Rehab Programs	Claudia Fenderson 230 North Road Poughkeepsie, NY (914) 452-0774			No	No	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>5</u>
41. No	No	No	No		
42. Yes	No	No	Yes	Not interested in training at the present time.	
43. No	No	No	No		
44. No	No	No	No		
45. No	No	No	No		

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
46. Rockland Council for Young Children	Anita Moyano Cintron 185 N. Main Street Spring Valley, NY 10977 (914) 425-0572	100	2	No	Maybe	No
47. Bronx Betterment Committee	Martina Corino 3164 Thrd Avenue Bronx, NY 10451 (212) 402-8900	60%	3	No	Yes, but they do not serve 0-5 only school age and adults	Yes
48. Little People of America Mets Chapter	Mary Fava 33-07 91 Street Jackson Heights, NY 11372			No	No	No
49. First Step Early Childhood Center	June Lindquist Midge DeLouise/Harris 115-15 101st Avenue Queens, NY 11419 (718) 441-5333			No	Yes	Yes
50. American School for the Deaf-Parent Child Program	Neil L. Tabbert P-CCP Director 139 N. Main Street W. Hartford, CT 06107 (203) 727-1339	4	2 P Adv. 1 Staff PT	Yes, from a consultant	Yes	Yes

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>5</u>
46. Yes	No	Yes	Yes	Not able to participate in training at the present time.	
47. Yes	Yes	No	Yes	Drug, alcohol prevention. They do trainings at school and for adults. Not appropriate for training.	
48. No	No	No	No		
49. Yes	Yes	Yes	Yes	Institute has been completed.	
50. Yes	No	Yes	Yes	Not interested in training at the present time.	

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
51. Bilingual Develop. Outreach "Amigo de los Niños"	Debra Cobar 389 Myrtle Avenue Albany, NY 12208 (518) 427-8947	± 90	2	No	Yes	No
52. NY Philanthropic League Nursery- Kindergarten	Susan Samuel Executive Director Kathleen Vergara Assistant Executive Director 1 East 104th Street Room 310 New York, NY 10029 (212) 534-6660	6	2	No	No	No
53. NYS Commission on Quality Care	Catherine McHugh Connie Clark 99 Washington Ave Suite 1002 Albany, NY 12210		Ø	Occasionally	Yes	No
54. Buffalo Youth Services- Coordinator El Erie County	Janet DeLoach 134 W. Eagle Street Buffalo, NY 14202 (716) 858-6801 or 8566			No	No	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>4</u>
51. Yes	No	Yes	No	Not Interested in training at the present time.	
52. No	No	No	No	No	
53. Yes	Yes	No	Yes	Not an Early Intervention Program. Not Interested in Regional Workshop.	
54. Yes	Yes	Yes	Yes	Decided they were not interested in training.	

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
55. Shield Institute	Dr. Charles Smith 144-61 Roosevelt Avenue Flushing, NY 11354 (718) 939-8700	75	17	No	Yes	Yes
56. The Lighthouse Child Development Center	Catherine Sonen Warkala 60-05 Woodhaven Blvd. Elmhurst, NY 11373 (718) 899-0013		5	No	Yes	No
57. John F. Kennedy Child Care Center	Ms. Stephanie Dockweiler 103-15 Farragut Brooklyn, NY 11236 (718) 272-8752	9	3	No	Yes	Yes
58. BOCES Z Pre- Kindergarten	Dorothy Schroeder 201 Sunrise Highway Patchogue, NY 11772 (516) 878-4500	43	1	No	Yes	No
59.	Ann Famulavo 121 Arpage Drive E Shirley, NY 11967	12	6	Yes	Yes	Yes

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>5</u>
55. Yes	Yes	Yes	Yes	Institute has been completed.	
56. Yes	No	No	Yes	Not interested in training at the present time.	
57. No	No	Yes	Yes	Not interested in training at the present time.	
58. Yes	Yes	No	No	Not interested in training at the present time.	
59. No	No	Yes	Yes	Not interested in training at this time.	

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
60. La Puerta Abierta	Patricia Sabater 2864 W 21 Street Brooklyn, NY 11224 (718) 373-1100	50	11	No	Yes	Yes
61. ACLD	Jane Montalve 1428 Fifth Avenue Bayshore, NY (518) 665-1900	50	13	Yes	Yes	Yes
62. Variety Pre-Schoolers Workshop	Martha Ratner 47 Hymphrey Drive Syosset, NY 11791 (516) 921-7171	31	0	No	Yes	Yes
63. NY State Ed Department Office of VESID	Barbara Miller			No	No	No
64. Albany, NY	Unidentified Program	3,214		Yes	No	No
65. Rainbow School for Child Development	Ira Feingold 900 Pelham Pkwy So. Bronx, NY 10462 (212) 931-6600	40	15	Yes	Maybe	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>6</u>
60. No	Yes	Yes	Yes	Not interested in training at this time.	
61. Yes	Yes	Yes	Yes	Not interested in training at the present time.	
62. Yes	Yes	Yes	Yes	Not interested in training at the present time.	
63. Yes	No	No	No	Not appropriate for training. Not an Early Intervention Program.	
64. Yes	No	No	Yes		
65. No	No	No	Yes	Not interested in training at the present time.	

TRAINING NEEDS ASSESSMENT CHART

Name of Program	Address/Phone/ Contact Person	# of Hispanic families	# of staff that speak Spanish	Do they currently receive training on intervention issues (Hispanic population)	Do they need training or technical assistance?	Ongoing training and TA for whole staff?
66. BOCES 2 Infant Toddler Program	Cynthia Croke 401 Terryville Rd. Port Jefferson Station, New York 11776 (516) 331-8585	4	1	No	No	No
67. BOCES Terryville Learning Center	Flora Garsten 401 Terryville Rd. Port Jefferson Station, New York 11776 (516) 928-4424	3	2	No	No	No
68. BOCES Wing Learning Center	201 Sunrise Hwy. Patchogue, NY 11772 (516) 277-4994	28	1	No	Yes	No
69. First Step Early Childhood Center	Jill Fitzgerald 8212 151st Ave. Howard Beach, NY 11414 (718) 848-0300			No	Yes	Maybe
70. Love Me Tender School for Child Development	Ruth Levy 2500 Johnson Ave. Riverdale, NY 10463 (718) 884-7252	29	4	Yes	Maybe	No
71. NYS Commission for the Blind	Joseph Polansky 175 Fulton Ave. Hempstead, NY 11550 (516) 564-4319	25	0	No	Yes	No

TRAINING NEEDS ASSESSMENT CHART

Workshops	TA on Spanish language instruction and translation	TA on Interagency issues with families of Hispanic heritage	Training and TA to develop IFSPs and IEPs that are culturally sensitive	Follow-up	Total # of programs in this page: <u>6</u>
66. No	No	No	No	Not interested in training.	
67. No	No	No	No	Not interested in training.	
68. Yes	No	No	No	Not interested in training.	
69. No	No	Yes	Yes	A Cultural Sensitivity Institute has been completed.	
70. No	No	Yes	Yes	Not interested in training at the present time.	
71. Yes	Yes	Yes	Yes	Not interested in training at the present time.	

APPENDIX K

NEW YORK MEDICAL COLLEGE

MRI/Institute for Human Development
Family Support/Early Intervention
Room 425
Valhalla, NY 10595-1689

(914) 285-7052

Date

Name

Address

Dear :

Thank you for giving us the opportunity to present the Cultural Sensitivity workshop to _____.

I would like to let you know, that there is a follow up component to the workshop trainings. It consists of contacting workshop participants/agency one, and six months after a workshop through a letter or a phone call asking for information on their use of the workshop information, their need for additional information and to collect follow up workshop evaluation measures.

It has been a pleasure working with you in the planning of this workshop. Should you have any questions or would like more information please do not hesitate to contact me at (914) 285-7235.

Sincerely,

Gabriela Freyre, MSW
Project Coordinator
Niños Especiales Outreach Training Project

APPENDIX L

TABLE 3. WORKSHOP DATA

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% Of Change	T Score & Probability
2/91	A	Stepping Stone, Kew Garden Hill, NY	15	27%	81%	54%	Incomplete data
4/91	B	STAR New Canaan, CT	8	41%	78%	37%	t=5.48 p<.001
5/91	C	DMR Central Office Hartford, CT	26	41%	78%	37%	t=9.40 p<.000
6/91	D	Continuing Education Consortium, Lowell MA	12	40%	78%	38%	t=6.97 p<.000
6/91	E	Continuing Education Consortium, North Hampton, MA	11	31%	72%	41%	t=7.84 p<.000
6/91	F	Continuing Education Consortium, Wellesley, MA	11	49%	95%	46%	t=12.68 p<.000
7/91	G	New York University, NY, NY	7	49%	91%	42%	t=5.81 p<.001
8/91	H	DMR Region 6 New London, CT	12	29%	81%	52%	t=8.87 p<.000
9/30/91	I	Capitol Region Education Council (CREC), CT	21	46%	90%	44%	t=14.83 p<.000
1/8/92	J	March of Dimes White Plains, NY	11	39%	82%	43%	t=7.37 p<.000

TABLE 3. WORKSHOP DATA (CONT'D)

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% Of Change	T Score & Probability
1/15/92	K	NYU Resource Access Project, NY	24	43%	76%	33%	t=8.49 p<.000
1/15/92	L	NYU Resource Access Project, NY	15	39%	88%	48%	t=12.80 p<.000
1/16/92	M	NYU Resource Access Project, NY	19	30%	76%	46%	t=13.47 p<.000
1/16/92	N	NYU Resource Access Project, NY	12	45%	75%	30%	t=6.87 p<.000
1/30/92	O	Easter Seal Stamford, CT	10	43%	73%	30%	t=5.46 p<.000
2/6/92	P	CT Resource Access Project, Newton MA	16	34%	78%	44%	t=8.15 p<.000
2/6/92	Q	CT Resource Access Project, Newton MA	11	33%	76%	43%	t=9.26 p<.000
2/10/92	R	NJ Resource Access Project, NY NY	20	36%	66%	30%	Incomplete data
2/10/92	S	NJ Resource Access Project, NY NY	11	36%	66%	30%	t=5.16 p<.000
2/11/92	T	NJ Resource Access Project, NY NY	16	30%	58%	28%	t=6.37 p<.000

TABLE 3. WORKSHOP DATA (CONTD)

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% Of Change	T Score & Probability
3/6/92	U	MA Resource Access Project, Newton MA	25	17%	50%	33%	t=9.23 p<.000
3/6/92	V	MA Resource Access Project, Newton MA	13	59%	93%	37%	t=6.31 p<.000
3/25/92	W	DMR Region II Farmington, CT	10	55%	85%	30%	t=4.05 p<.003
4/29/92	X	Danbury Head Start Danbury, CT	13	51%	88%	37%	t=9.86 p<.000
4/30/92	Y	Hebrew Academy for Special Children Brooklyn, NY	15	28%	73%	45%	t=8.71 p<.000
5/6/92	Z	East River Child Development Center New York, NY	28	54%	81%	27%	t=4.50 p<.000
5/7/92	AA	BOCES Northern Westchester, NY	14	51%	90%	39%	t=9.56 p<.000
5/22/92	BB	St Peter's Day Care Yonkers, NY	9	48%	92%	44%	t=6.59 p<.000
5/28/92	CC	Middletown Day Nursery Middletown, NY	12	50%	84%	34%	t=5.65 p<.000
5/29/92	DD	Yonkers Day Care Yonkers, NY	14	32%	71%	39%	t=6.94 p<.000

TABLE 3. WORKSHOP DATA (CONT'D)

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% Of Change	T Score & Probability
6/5/92	EE	New Paltz Child Development Center New Paltz, NY	12	29%	78%	48%	t=6.66 p<.000
6/24/92	FF	Center for Child Development Bronx, NY	14	56%	85%	29%	t=4.44 p<.001
7/7/92	GG	Generations White Plains, NY	8	54%	95%	41%	t=5.02 p<.002
7/15/92	HH	Humpty Dumpty Wappingers Falls, NY	7	38%	71%	33%	t=4.06 p<.007
7/16/92	II	New Alternatives New York, NY	7	59%	95%	41%	t=4.23 p<.005
9/1/92	JJ	House on the Hill Goshen, NY	15	66%	84%	18%	t=2.59 p<.021
9/2/92	KK	United Cerebral Palsy New York, NY	19	54%	94%	40%	t=6.61 p<.000
9/8/92	LL	United Cerebral Palsy Purchase, NY	28	42%	93%	51%	t=12.76 p<.000
9/22/92	MM	Grosvener Day Care New York, NY	4	34%	87%	53%	Incomplete data
9/25/92	NN	CT. Head Start Coordinators Conference, CT	11	59%	86%	27%	t=5.81 p<.000

TABLE 3. WORKSHOP DATA (CONT'D)

Date	Workshop	Program Name	N	Pre-Test Mean	Post-Mean	% of Change	T Score & Probability
3/23/93	OO	Early Childhood Direction Center, Kingston, NY	11	53%	92%	39%	t=9.5 p<.000
4/20/93	PP	Westchester Opportunity Educational Program White Plains, NY	22	44%	83%	39%	t=11.68 p<.000
6/15/93	QQ	March of Dimes Poughkeepsie, NY	11	49%	95%	46%	t=12.68 p<.000

APPENDIX M

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NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

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APPENDIX N

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 1 - OBJECTIVES

At the end of this session, the participant will:

1. Understand the principle components of P.L. 99-457, Part H, which will influence service provision for infants and toddlers with developmental delays or disabilities and their families.
2. Increase understanding of legal mandates in P.L. 99-457, Part H for the IFSP.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 1 - AGENDA

Topic	Format
Discussion of Assigned Reading	Group Discussion
Values Clarification	Group Activity
Overview of P.L. 99-457 Family Centered Care	Lecture/Discussion
IFSP	Video Tape
Discussion of the IFSP Process	Lecture/Discussion
Spanish Vocabulary (optional)	Group Activity

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 1 - READINGS

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NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 2 - OBJECTIVES

At the end of this session, the participant will:

1. Articulate a program philosophy which reflects best practice in P.L. 99-457, especially as it relates to cultural sensitivity.
2. Describe the philosophy and program components of Niños Especiales Program.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 2 - AGENDA

Topic	Format
Discussion of Assigned Reading	Group Activity
The Nine-Dots Puzzle	Group Activity
NEP Philosophy and Components "Roberto" Case Study	Lecture/Discussion/ Case Study
Program Philosophy	Lecture/Discussion/ Group Activity
Spanish Vocabulary (optional)	Group Activity

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 2 - READINGS

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NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 3 - OBJECTIVES

At the end of this session, the participant will:

1. Describe the origin, history, migration and unique characteristics of the Puerto Rican population.
2. Describe culturally sensitive early intervention strategies and apply them to a role play.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 3 - AGENDA

Topic	Format
Discussion of Assigned Reading	Group Activity
Definition of cultural sensitivity/ competence--Why & How	Lecture/Discussion
Origin, history, & migration	Lecture/Discussion
Mumbo Jumbo	Group Activity
Unique characteristics & recommendations	Lecture/Discussion
Role Play (optional)	Group Discussion

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 3 - READINGS

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NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 4 - AGENDA

Topic	Format
Discussion of Assigned Reading	Group Discussion
Protocol for culturally sensitive service delivery	Group Activity
Overview of Hispanic Services	Lecture/Discussion
Develop Resource File (specifically for Hispanic families) Task #2	Group Activity
IFSP Task # 3 Case Study	Group Discussion
Spanish Vocabulary (optional)	Group Activity

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 4 - OBJECTIVES

At the end of this session, the participant will:

1. Develop a community resource file specifically for Hispanic families.
2. Identify appropriate services to meet individual family needs using a case study model.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 4 - READINGS

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NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 5 - AGENDA

<u>Time</u>	<u>Topic</u>	<u>Format</u>
10 min.	Discussion of Assigned Reading	Group Discussion
20 min.	Family Empowerment	Group Discussion
25 min.	Family Interviews and Listening & responding to families	Group Discussion/ Activity
5 min.	Break	
20 min.	Preparation/Questions about tasks and follow-up - Task #'s 2, 4, 5, & 6	Group Discussion
20 min.	Review of Spanish vocabulary	Group Activity
10 min.	Post Institute Measures	

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Westchester Institute for Human Development
New York Medical College

CULTURAL SENSITIVITY

SESSION 5 - OBJECTIVES

At the end of this session, the participant will:

1. Demonstrate ability to write a family focused, culturally sensitive program philosophy.
2. Review family-focused interview techniques.
3. Review tasks and follow-up procedures.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention

Westchester Institute for Human Development

New York Medical College

CULTURAL SENSITIVITY

SESSION 5 - READINGS

Winton, P.J. & Bailey, B.D. (1988). The family focused interview: A collaborative mechanism for family assessment and goal setting. Journal for the Division of Early Childhood, 12(5), 195-207.

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APPENDIX O

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention
Cedarwood Hall
New York Medical College

Cultural Sensitivity Institute

CONTRACT

This agreement is to confirm that _____ will participate in the _____ institute and understands that this participation includes the following components:

- 1) Obtaining support and release time (if necessary) from the program supervisor to attend the institute.
- 2) Attendance at each of the training sessions. The training will be held at _____ on the following dates/times:

Session 1 _____

Session 2 _____

Session 3 _____

Session 4 _____

Session 5 _____

- 3) Completion of the following tasks by _____ or three months after the training sessions have ended.

<u>Task #</u>	<u>Task Description</u>	<u>Due date</u>
1	Protocol for Culturally Sensitive Service Delivery - The participant will develop with staff from their program a protocol which addresses: -Documentation about the amount and type of services needed by Hispanic families currently enrolled (support, information, intervention) -requirements, roles and responsibilities of staff delivering these services -useful strategies for culturally sensitive intervention	During the Institute
2	Community Services Resource File For each of the service providers, the participant will develop a file of community agencies. Information on each agency will include: - name of agency - type of service provided - eligibility criteria - fees - referral procedure - contact person and phone number	2 Weeks after the Institute

<u>Task #</u>	<u>Task Description</u>	<u>Due Date</u>
3 IFSP	In collaboration with the family and team members, the participant will write an IFSP that will include the following components: a) a statement of the child's present levels of development (cognitive, speech/language, psychosocial, motor and self-help) b) a statement of major outcomes expected to be achieved for the child and family c) a statement of the family's concerns, priorities and resources relating to enhancing the child's development d) short-term behavioral objectives for each major outcome that are written in operational terms and specify functional activities in which they occur e) the criteria, procedures and timelines for determining progress f) the specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency, and intensity of service g) the projected dates for initiation of services and expected duration h) the name of the service coordinator who is responsible for the implementation of the plan and coordination with other agencies i) a transition plan for the delivery of special education services and related services in the child's next educational environment.	2 Months after Institute

- 6) Follow-up by the instructor, _____
until June 30, 1993. Follow-up will include assistance
with completion of the tasks or issues related to the institute
topic and post institute evaluation.

_____ Date	_____ Participant	_____ Date	_____ Participant's Supervisor
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_____ Date	_____ Instructor
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_____ Date	_____ Instructor
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NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
MRI-Institute for Human Development
Family Support/Early Intervention

Cultural Sensitivity Institute

CONTRACT

This agreement is to confirm that _____ will participate in the _____ institute and understands that this participation includes the following components:

- 1) Obtaining support and release time (if necessary) from the program supervisor to attend the institute.
- 2) Attendance at a minimum of two meetings with the instructor prior to the start of the institute. The purposes of the meeting are: a) to clarify details of the institute to the participants, and b) to complete necessary forms.
- 3) Attendance at each of the training sessions. The training will be held at _____ on the following dates/times:

Session 1 _____

Session 2 _____

Session 3 _____

Session 4 _____

Session 5 _____

- 4) Completion of the following tasks by _____ or six months after the training sessions have ended.

<u>Task #</u>	<u>Task Description</u>	<u>Due date</u>
1	Program Philosophy In conjunction with the staff from the student's own program, a philosophy statement will be developed addressing: -child development -family involvement -delivery of services that are culturally sensitive -interagency coordination	During the Institute
2	Protocol for Culturally Sensitive Service Delivery The student will develop with staff from their program a protocol which addresses: -Documentation about the amount and type of services needed by Hispanic families currently enrolled (support, information, intervention) -requirements, roles and responsibilities of staff delivering these services -useful strategies for culturally sensitive intervention	Process to start during the institute and to be completed 1 month after Institute

<u>Task #</u>	<u>Task Description</u>	<u>Due date</u>
3	Community Services For each of the service providers, the student will develop a file of the community agencies. Information on each agency will include: - name of agency - type of service provided - eligibility criteria - fees - referral procedure - contact person and phone number	In Institute
4	Interviewing a family of Puerto Rican heritage including History of Migration The student will interview a family of Puerto Rican heritage enrolled in their program for the purpose of learning about this culture. If allowed by the family the student will learn: -when this family migrated and why -what community services this family is receiving -what community services are still needed -culturally sensitive strategies needed for appropriate intervention -percentage of Puerto Rican migrants living in this city -other relevant demographic information (i.e., family components, level of income and education, etc.)	During Institute

<u>Task #</u>	<u>Task Description</u>	<u>Due date</u>
5 Team Meetings	The student will facilitate (2) team meetings to discuss child and family assessment results. Families and all service providers working with families will participate in these meetings. The student will: a) develop a written agenda b) delineate roles and responsibilities of participants c) prepare families for their role in the meeting	Student will submit a written summary of the meetings and discuss them with the instructor
6 IFSP	In collaboration with the family and team members, the student will write one IFSP that will include the following components: a) a statement of the child's present levels of development (cognitive, speech/language, psychosocial, motor and self-help) b) a statement of major outcomes expected to be achieved for the child and family c) a statement of the family's strengths and needs relating to enhancing the child's development d) short-term behavioral objectives for each major outcome that are written in operational terms and specify functional activities in which they occur e) the criteria, procedures and timelines for determining progress f) the specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency, and intensity of service g) the projected dates for the initiation of services and expected duration h) the name of the case manager who is responsible for implementation of the plan and coordination with other agencies i) a transition plan for the delivery of special education services and related services in the child's next environments	2 Months after Institute

<u>Task #</u>	<u>Task Description</u>	<u>Due date</u>
7	Learning Spanish	The student will utilize 10 spanish phrases in a brief conversation with one other student.
		Last day of Institute
5)	Follow-up training for at least two-co workers at least two identified content areas related to the training topic.	
6)	Follow-up by the instructor, _____, for up to one year after the institute. Follow-up will include assistance with completion of the tasks or issues related to the institute topic and post institute evaluation.	

Date _____	Participant _____	Date _____	Participant's Supervisor _____
Date _____	Instructor _____		
Date _____	Instructor _____		

NIÑOS ESPECIALES OUTREACH PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/CEDARWOOD HALL
NEW YORK MEDICAL COLLEGE

PARTICIPANT INFORMATION

NAME: _____

ADDRESS : _____

DATE: _____

Have you been to a Birth to Five Inservice training before? _____

If yes, when? _____

What is you current position?

- _____ Early Childhood Special Educator
- _____ Occupational Therapist
- _____ Physical Therapist
- _____ Speech Pathologist
- _____ Nurse
- _____ Administrator/Supervisor/Coordinator of Special Education
- _____ Administrator/Supervisor/Coordinator of Early Intervention
- _____ Administrator/Supervisor/Coordinator of Day Care
- _____ Nursery School/Day Care Teacher
- _____ Consultant
- _____ Guidance Counselor
- _____ Learning Disabilities Teacher
- _____ Psychologist
- _____ Social Worker
- _____ Other _____

What is the area of your Certification/License?

- | | |
|-----------------------------|---------------------------------|
| ___ Early Childhood Ed. | ___ Early Childhood Special Ed. |
| ___ PT | ___ OT |
| ___ Special Education | ___ Psychology |
| ___ Blind/Visually Impaired | ___ Administration |
| ___ Elementary Ed. | ___ Reading |
| ___ Learning Disabilities | ___ Speech Pathology |
| ___ Counseling | ___ Social Work |
| ___ Nursing | ___ Hearing Impaired |

Have you had any formal training focusing
on the birth to three population?

___ yes ___ no

How long have you been serving 0-3 yr. olds?

How long have you been teaching or working in
your field?

What type of previous experience have you had?

- ___ 3-5 year olds - Early Intervention
- ___ Primary Special Ed.
- ___ Adolescents/Adults - Special Ed.
- ___ 0-5 typical children
- ___ Elementary Regular Ed.
- ___ Secondary Regular Ed.
- ___ Other Education
- ___ Other (Please List) _____

Have you had any training during the past two years
on this topic?

Who do you serve?

- ☐ 0-18 month old children
- ☐ 18 months-3 year old children
- ☐ parents and families

What are the types of disabilities of children you serve?

- | | |
|--|--|
| ☐ mild/moderate MR | ☐ severe/profound MR |
| ☐ multihandicapped | ☐ physical handicaps |
| ☐ blind | ☐ deaf/blind |
| ☐ hearing impaired | ☐ learning disabled |
| ☐ developmental delays | ☐ emotionally disturbed |
| ☐ medically involved | ☐ behavior disordered |
| ☐ speech and language delayed | ☐ other _____ |

What is your current degree?

- | | | |
|--------------------------------------|--------------------------------|---|
| ☐ BA | ☐ BS | ☐ MA |
| ☐ MS | ☐ M.Ed. | ☐ 6th year cert. |
| ☐ MSW | ☐ Ed.D. | ☐ Post Masters |
| ☐ Ph.D. | ☐ RN | ☐ C.C.C.-SLP |
| ☐ Other _____ | | |

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT MOTIVATION QUESTIONNAIRE

Name: _____ Date: _____

1. Please rate each of the following reasons for attendance on a scale of 1 to 3 according to its importance in your decision to attend the Niños Especiales Training Project..

Circle 1 if the statement was not a consideration.

Circle 2 if the statement was somewhat important in your decision to attend.

Circle 3 if the statement was very important in your decision to attend.

In addition, please star the reason or reasons that were primary in your decision to attend (choose from those you rated a 3).

Reason	Not at All Important	Somewhat Important	<u>Very</u> Important
To become better informed about early intervention in general.	1	2	3
To become better informed about cultural sensitivity.	1	2	3
For personal enjoyment and enrichment.	1	2	3
To learn for the sake of learning.	1	2	3
Because CEUs were available.	1	2	3
To help get a new job.	1	2	3
To help to advance in present job.	1	2	3

Reason	Not at All Important	Somewhat Important	<u>Very</u> Important
To better understand and work toward solution of community problems. -	1	2	3
To meet new people.	1	2	3
Because the location was convenient.	1	2	3
Because it was free of charge.	1	2	3
To keep my job.	1	2	3
Because my supervisor recommended it.	1	2	3
Because my supervisor required it.	1	2	3
Because I expect the infor- mation to be useful for my job.	1	2	3
To get away from job require- ments and get "recharged."	1	2	3
Other (Please specify.) _____			

2. Please rate each of the following issues that may have been problematic in arranging your attendance on a scale of 1 to 3.

Circle 1 if the statement was not a consideration.

Circle 2 if the statement was somewhat problematic.

Circle 3 if the statement was very problematic in arranging your attendance.

Issue	Not at All Problematic	Somewhat Problematic	<u>Very</u> Problematic
Attending once a week for four to six weeks.	1	2	3
Attending 2-3 hours each session.	1	2	3
Continuing involvement.	1	2	3
Lack of child care.	1	2	3
Transportation difficulties.	1	2	3
Friends or family attitudes.	1	2	3
Home responsibilities.	1	2	3
Job responsibilities.	1	2	3
Getting release time from my job.	1	2	3
Working with hispanic families.	1	2	3
Other (Please specify.) _____			

NIÑOS ESPECIALES OUTREACH TRAINING INSTITUTE
Family Support/Early Intervention
Cedarwood Hall
New York Medical College

CONSUMER SATISFACTION QUESTIONNAIRE

Name: _____

Date: _____

Agency: _____

Institute: _____

Please rate the following statements on a scale of 1 through 5:

1 indicating that you strongly disagree with the statement,

2 indicating that you mildly disagree with the statement,

3 indicating neutral,

4 indicating that you mildly agree with the statement,

5 indicating that you strongly agree with the statement.

	Strongly Disagree		Neutral		Strongly Agree
I. CONTENT					
1. Objectives of the training were met.	1	2	3	4	5
2. All topics on the agenda were addressed.	1	2	3	4	5
3. The materials (e.g., readings, overheads) were relevant to the training content.	1	2	3	4	5
4. Adequate illustrations and examples were used during presentations.	1	2	3	4	5
5. Time was well organized.	1	2	3	4	5
6. The information is relevant and can be applied to my work situation.	1	2	3	4	5
7. I feel I now have a better understanding of the subject presented.	1	2	3	4	5

II. PRESENTER

- | | | | | | |
|--|---|---|---|---|---|
| 1. The presenters were well prepared and organized. | 1 | 2 | 3 | 4 | 5 |
| 2. The presenters were knowledgeable in the subject. | 1 | 2 | 3 | 4 | 5 |
| 3. The presenters used a variety of activities that corresponded with the content. | 1 | 2 | 3 | 4 | 5 |
| 4. The presenters were easy to listen to. | 1 | 2 | 3 | 4 | 5 |
| 5. The presenters valued our input. | 1 | 2 | 3 | 4 | 5 |

III. LOGISTICS OF PRESENTATION

- | | | | | | |
|---|---|---|---|---|---|
| 1. I found the environment to be comfortable. | 1 | 2 | 3 | 4 | 5 |
| 2. There was adequate time for breaks during the training sessions. | 1 | 2 | 3 | 4 | 5 |
| 3. The size of the group was appropriate for the sessions. | 1 | 2 | 3 | 4 | 5 |
| 4. The location of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |
| 5. The day and time of the training was convenient for me. | 1 | 2 | 3 | 4 | 5 |

IV. QUESTIONS

1. What did you find most helpful about the institute?
2. What did you find least helpful about the institute?
3. What additional information would you like to see included in future culturally sensitive institutes?
4. What will you do differently as a result of this institute?

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention

Cedarwood Hall

New York Medical College

Cultural Sensitivity Institute

Pre/Post Questionnaire

1. Public Law 99-457 states that:
 - a) States are mandated to provide services for children with disabilities from birth through five years of age.
 - b) States are mandated to provide services for children with disabilities from birth to three years of age.
 - c) States determine whether services are provided for children with disabilities from birth through five years of age.
 - d) States are mandated to provide services for children with disabilities from three through five years of age, and can determine whether they will provide services for handicapped children from birth to three years of age.
2. Who has been designated as the lead agency in Connecticut for programs serving children with disabilities and children at-risk between the ages of birth and three years?
 - a) Department of Education
 - b) Department of Health
 - c) Department of Mental Retardation
 - d) Interagency Coordinating Council
3. What are three types of services that need to be included on the Individualized Family Service Plan?
 - a) _____
 - b) _____
 - c) _____

4. A program philosophy is important because the program's _____ should share the same philosophical basis.
- a) assessments
 - b) curricula
 - c) staff
 - d) all of the above
 - e) a & b
5. The Island of Puerto Rico is:
- a) A Commonwealth
 - b) A state
 - c) A territory
 - d) I'm not sure
6. The Puerto Rican People in the United States are eligible for state services.
- a) True
 - b) False
 - c) I'm not sure
7. Name three major reasons Puerto Rican's migrate to the United States?
-
-
-

8. When and Why did the largest migration occur?

9. Puerto Ricans need to go through the immigration process.

- a) True
- b) False
- c) I'm not sure

10. Child rearing in Puerto Rico.....

- a) Fosters independence
- b) Fosters dependence
- c) Fosters independence and competition
- d) Fosters dependence and sharing
- e) I'm not sure

11. Three strategies for culturally sensitive intervention include:

- a) _____
- b) _____
- c) _____

12. The Puerto Rican/Latino community is at risk for child disabilities. The categories that put these children at risks include: demographic, social, medical and information. List two risk factors under each category that apply to the Puerto Rican/Latino population.

Demographic _____

Social _____

Medical _____

Informational _____

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
 Family Support/Early Intervention
 Cedarwood Hall
 New York Medical College

**Cultural Sensitivity Institute
 Self Rating Scale**

Name _____

Date _____

Below are the basic competencies that you will have the opportunity to gain through participation in the Cultural Sensitivity Institute. We are asking you to rate your perceived current level of expertise and to select the level of competency you would like to achieve for each of the items listed below.

To rate both present and desired level of expertise, place a $\checkmark$ in the appropriate column.

U = Unfamiliar. This is new to me. I know nothing about it, e.g., I've never heard of it. What is it?

Aw = Awareness. I have heard about it, but I don't know it's full scope such as its principles, components, applications and modifications. I need information.

K = Knowledge. I know enough about this to write or talk about it. For example, I know what it is, but I'm not ready to use it in my program. I need practice and feedback.

A = Application. I am ready to apply this. For example, I can design, modify, and use it in my program.

M = Mastery. I am ready to work with other people to help them learn this. For example, I feel confident enough to demonstrate this to others.

Participant will:	Where I Am					Where I Want To Be				
	U	AW	K	AP	M	U	AW	K	AP	M
1. Demonstrate understanding of P.L. 99-457.										
2. Describe their program's philosophy relating to child development, family involvement, delivery of services that are culturally sensitive, and interagency coordination.										
3. Develop a protocol which addresses: a) documentation about the amount and type of services needed by hispanic families currently enrolled (support, information, intervention);										
b) requirements, roles and responsibilities of staff delivering these services;										
c) useful strategies for culturally sensitive intervention.										
4. Become familiar with developing an IFSP that is culturally sensitive.										
5. State the history of migration of Puerto Ricans to the USA.										

Participant will:	Where I Am					Where I Want To Be				
	U	AW	K	AP	M	U	AW	K	AP	M
6. Describe the differences between the traditional anglo American culture and the Puerto Rican culture including:										
a) family relationships										
b) child rearing										
c) support networks										
d) social etiquette										
e) sense of time										
f) noise and movement										
g) belief in fate										
7. Be familiar with early intervention strategies that are culturally acceptable to Puerto Rican families.										
8. Understand how Puerto Rican families differ in their views of medicine and health care in relationship to their child with a disability.										
9. Include other family members in service delivery that have authority in decision making, such as: grandparents, uncles, aunts, etc.										
10. Demonstrate skills in interviewing a family of Puerto Rican heritage for the purpose of gaining a better understanding of their culture.										
11. Develop a matrix of services available within the community for Puerto Rican children from birth to three and their families.										
12. Additional skills desired: (please write in any skills you would like to develop or improve.)										

APPENDIX P

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Family Support/Early Intervention

Cedarwood Hall

New York Medical College

Cultural Sensitivity Institute

Follow-Up Questionnaire

1. Public Law 99-457 states that:
 - a) States are mandated to provide services for children with disabilities from birth through five years of age.
 - b) States are mandated to provide services for children with disabilities from birth to three years of age.
 - c) States determine whether services are provided for children with disabilities from birth through five years of age.
 - d) States are mandated to provide services for children with disabilities from three through five years of age, and can determine whether they will provide services for handicapped children from birth to three years of age.
2. Who has been designated as the lead agency in New York for programs serving children with disabilities and children at-risk between the ages of birth and three years?
 - a) Department of Education
 - b) Department of Health
 - c) Department of Mental Retardation
 - d) Interagency Coordinating Council
3. What are three types of services that need to be included on the Individualized Family Service Plan?
 - a) _____
 - b) _____
 - c) _____

4. A program philosophy is important because the program's _____ should share the same philosophical basis.
- a) assessments
 - b) curricula
 - c) staff
 - d) all of the above
 - e) a & b
5. The Island of Puerto Rico is:
- a) A Commonwealth
 - b) A state
 - c) A territory
 - d) I'm not sure
6. The Puerto Rican People in the United States are eligible for state services.
- a) True
 - b) False
 - c) I'm not sure
7. Name three major reasons Puerto Rican's migrate to the United States?
-
-
-

8. When and Why did the largest migration occur?

9. Puerto Ricans need to go through the immigration process.

- a) True
- b) False
- c) I'm not sure

10. Child rearing in Puerto Rico.....

- a) Fosters independence
- b) Fosters dependence
- c) Fosters independence and competition
- d) Fosters dependence and sharing
- e) I'm not sure

11. Three strategies for culturally sensitive intervention include:

- a) _____
- b) _____
- c) _____

12. The Puerto Rican/Latino community is at risk for child disabilities. The categories that put these children at risks include: demographic, social, medical and information. List two risk factors under each category that apply to the Puerto Rican/Latino population.

Demographic _____

Social _____

Medical _____

Informational _____

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
MRI/INSTITUTE FOR HUMAN DEVELOPMENT
NEW YORK MEDICAL COLLEGE
Cultural Sensitivity Institute

CONSUMER SATISFACTION SHEET
INSTITUTE FOLLOW UP

Name: _____
Agency: _____

Date: _____
Institute: _____

Please rate the following statements on a scale of 1 through 5:

- 1 indicating that you strongly disagree with the statement,
- 2 indicating that you mildly disagree with the statement,
- 3 indicating neutral,
- 4 indicating that you mildly agree with the statement,
- 5 indicating that you strongly agree with the statement.

Strongly Neutral Strongly
Disagree Agree

TASKS

- | | 1 | 2 | 3 | 4 | 5 |
|--|---|---|---|---|---|
| 1. The tasks were related to the course content. Please list any which were not related. | | | | | |
| 2. The tasks were relevant to my present job situation. | | | | | |
| 3. The tasks were individualized to meet my needs. | | | | | |
| 4. There was adequate support provided to complete the tasks. | | | | | |
| 5. The tasks were easy to accomplish. | | | | | |
| 6. The tasks enabled me to perform better at my job. | | | | | |

- | | | | | | |
|---|---|---|---|---|---|
| 7. The criteria for the tasks were well defined and easy to understand. | 1 | 2 | 3 | 4 | 5 |
| 8. Overall, the institute was beneficial to me. | 1 | 2 | 3 | 4 | 5 |

QUESTIONS

1. What did you find most helpful about the institute?
2. What did you find least helpful about the institute?
3. What additional information would you like to see included in future Cultural Sensitivity institutes?
4. What will you do differently as a result of this institute?

Cultural Sensitivity

Task Checklist

Name: _____

Instructor: _____

Agency: _____

	<u>Date Completed</u>	<u>Approved By</u>	<u>Level of Assistance</u>
1. Program Philosophy			
addressing:			
a) child development			
b) family involvement			
c) delivery of services that are culturally sensitive			
d) interagency coordination			
2. Protocol for Culturally Sensitive Service Delivery			
3. Community Services			
a. develop matrix of services for birth to three year olds and their families.			
4. Interviewing a family of Puerto Rican heritage including history of migration			
5. Team Meetings			
6. IFSP			
7. Learning Spanish			

Cultural Sensitivity Institute

Task Checklist

Name: _____

Instructor: _____

Agency: _____

	<u>Date Completed</u>	<u>Approved By</u>	<u>Level of Assistance</u>
1. Protocol for Culturally Sensitive Service Delivery	_____	_____	_____
2. Community Services Resource File	_____	_____	_____
3 IFSP	_____	_____	_____

Key: 1= independently 2= some assistance 3= alot of assistance

APPENDIX Q

INSTITUTE I

CULTURAL SENSITIVITY INSTITUTE						
INSTITUTE I - DMR REGION III						
Participants ID #	Position	Degree	Area of Certification	Formal Training with 0 - 3 Population	Years of Experience with 0 - 3 Population	Years of Experience in their Field
1	Sp. Ed. Teach Asst.			Yes	3	3
2	Sp. Ed. Teacher	MS	Sp. Ed. Elementary	Yes	9	17
3	Sp. Ed. Teacher	MS	Early Child Sp. Ed.	Yes	11	13
4	Transp. Coordinator			No	4	4
5	Sp. Ed. Teacher	BS	Sp. Ed.	Yes	14	14
6	Nurse	RN	Nursing	No	6 1/2	6 1/2
7	Sp. Ed Teacher	MA	Sp. Ed.	Yes	2	12
8	Sp. Ed. Teacher	BS	Sp. Ed.	Yes	3	5
9	Nurse	RN	Nursing	Yes	1 1/12	18
10	Speech Path	MA CCCSLP	Speech	Yes	2	5
11	Sp. Ed. Teacher	MS	Sp. Ed. Elementary	Yes	6	17
12	PT	BA/BS	PT	Yes	16	16
13	Sp. Ed.	MA	Sp. Ed. Elementary	Yes	12	16
14	Sp. Ed.	MS/BS	PT Sp. Ed.	No	10	12

Continued

CULTURAL SENSITIVITY INSTITUTE						
INSTITUTE I - DMR REGION III						
Participants ID#	Position	Degree	Area of Certification	Formal Training with 0 - 3 Population	Years of Experience with 0 - 3 Population	Years of Experience in their Field
15	Speech	MS/ CCCSLP	Speech	Y	6	7
16	Adm Coord Early Int/Sp. Ed	6th Yr.	Sp. Ed, LD, Adm.	Y	12	20
17	Speech	MA/ CCCSLP	Speech	Y	3	3
18	Nurse	RN	Nursing	Y	5	5
19	Early Childhood Special Education	MS	Special Ed.	Y	10	18
20	Early Childhood Special Education	MEd.	Special Ed.	Y	2	15
21	Early Childhood Special Education	MS	Special Ed.	N	0	10
22	Early Childhood Special Education	MA	Special Ed.	Y	12	13
23	Early Childhood Special Education	BS	Special Ed.	Y	3	10
24	Speech	MS/ CCCSLP	Speech	Y	2-1/2	6-1/2
25	Early Childhood Special Education	MA	Special Ed.	Y	9	12
26	Affirm Action Program Mgr.	BS	Psych	N	0	15
27	Social Work	BA	Social Work	Y	20	20
28	Physical Therapy	BS	Physical Therapy	Y	6	10
29	Ed. Asst.	BA	-	N	3	3

INSTITUTE 1
DEPARTMENT OF MENTAL RETARDATION (DMR) REGION III

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
2	27%	53%	48%
3	57%	100%	87%
6	17%	100%	69%
7	20%	87%	54%
8	43%	87%	63%
9	23%	87%	63%
10	17%	100%	N/A
11	17%	80%	60%
12	13%	83%	51%
13	17%	97%	N/A
14	47%	97%	69%
15	31%	95%	N/A

INSTITUTE I
DEPARTMENT OF MENTAL RETARDATION (DMR) REGION III

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
17	20%	87%	N/A
18	27%	83%	63%
19	7%	97%	87%
20	43%	97%	81%
21	30%	73%	83%
22	17%	93%	78%
23	17%	80%	N/A
24	10%	73%	N/A%
25	47%	83%	69%
26	43%	80%	45%
27	40%	93%	66%
28	27%	87%	40%
29	30%	70%	66%
MEAN	27%	84%	66%

Mean scores across participants from INSTITUTE I for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.5
Topics Covered	4.8
Relevant Material	4.5
Adequate Illustration	4.6
Time Organized	4.5
Information Relevant to Work	4.4
Better Understanding of Subject	4.4
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	4.7
Presenter Easy to Listen to	4.6
Presenter Valued Input	5.0
Environment Comfort	4.7
Adequate Breaks	4.8
Good Group Size	4.8
Good Location	5.0
Good Day and Time	4.8
MEAN	4.6

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

INSTITUTE II

CULTURAL SENSITIVITY INSTITUTE

INSTITUTE II- DMR REGION IV

Participants ID #	Position	Degree	Area of Certification	Formal Training with 0 - 3 Population	Years of Experience with 0 - 3 Population	Years of Experience in their field
1	Early Child Spec Education	MS	E.C Special Ed.	Yes	1-1/2	10
2	Speech Path.	MA	Speech Path.	Yes	15	15
3	Social Worker	BS		Yes	3-1/2	10
4	Social Worker	MS	Counseling.	Yes	7	24
5	Early Child. Spec. Education	MA	Special Ed	No	2-1/2	16
6	Early Child Spec. Education	MS	Special Ed	Yes	3	12
7	Social Worker	BA	Social Work	No	1	5
8	Early Child Spec Education	MS	Special Ed.	Yes	2	14
9	Early Child Spec Education	MS	Special Ed.		5	14
10	Early Child Spec Education	MS	Special Ed.	Yes	8	21
11	Administrator	MS	Special Ed	Yes	5-1/2	15
12	Early Child Spec. Education	MS	E.C. Spec. Ed	Yes	8	14

INSTITUTE II
DEPARTMENT OF MENTAL RETARDATION (DMR) REGION IV

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
30	30%	100%	96%
31	50%	92%	96%
32	15%	96%	N/A
34	27%	83%	N/A
35	27%	100%	100%
36	33%	89%	N/A
37	18%	100%	88%
38	15%	100%	96%
39	12%	92%	88%
40	55%	85%	84%
41	36%	100%	76%
42	15%	96%	65%
MEAN	27%	93%	87%

Mean scores across participants from INSTITUTE II for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.6
Topics Covered	4.5
Relevant Material	4.6
Adequate Illustration	4.8
Time Organized	4.7
Information Relevant to Work	4.6
Better Understanding of Subject	5.0
Presenter Prepared	5.0
Presenter Knowledgeable	4.8
Presenter Used Activities	5.0
Presenter Easy to Listen to	5.0
Presenter Valued Input	5.0
Environment Comfort	4.5
Adequate Breaks	4.5
Good Group Size	4.8
Good Location	4.8
Good Day and Time	4.3
MEAN	4.7

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

Community Resource File

Name of Agency: Spanish American Development Agency, Inc.Address of Agency: 1362 State Street, Bridgeport, CT. 333-5193419 East Main St., Bridgeport, CT. 384-0312

Contact Person	<u>STATE STREET</u> <u>Tomasso Matos</u>	<u>EAST MAIN STREET</u> <u>Maria Garcia</u>	<u>STATE STREET</u> <u>Lucy Pagan</u> Executive Secretary
----------------	---	--	---

Bilingual Staff: Yes: XXXXXX No: Type of Services Provided Crisis Intervention and Social Service Referral

(make contact if families don't speak English) fill out forms, tell them what they
need, help with paperwork, etc.

Eligibility Criteria -----NONEFees -----NONEReferral Procedure phone; forms from referring agencies

Phone # (203) 333-5193 - STATE STREET
384-0312 - EAST MAIN STREET

Community Resource File

Name of Agency: Helping Hands Centre, Inc.

Address of Agency: 488 Stratford Avenue

Bridgeport

Contact Person Carmen Marciano

Bilingual Staff: Yes: XXXX No:

Type of Services Provided Residential drug program, male aids prevention,
outreach referral.

Resid. is 4 months and then go to Penn. for 8 months for education -

Teen Challenge (Jesus Factor)

Eligibility Criteria Residential 18 and up, aids prevention and outreach
referral any age

Fees Sliding scale

Referral Procedure Appointment for screening, ref. from courts and hospitals

Phone # (203) 336-9293

Community Resource File

Name of Agency: CROSSROADS, INC.

Address of Agency: 54 E. Ramsdell Street, New Haven 06515

Contact Person Luis Marciano/Jore Vargas

Bilingual Staff: Yes: X No: _____

Type of Services Provided Substance Abuse

Inpatient 6 months - 1 year Therapy

Family Counseling (Combination backgrounds)

(TIR Service counseling)

Eligibility Criteria 18 yrs. and over - Primary Abuse Substance (not alcohol)

No users, not on Psychoactive drug-understanding of treatment

Fees 0

Referral Procedure Direct contact (Phone)

Phone # (387-0094)

Community Resource File

Name of Agency: NEON/Community Action Agency
South Norwalk Community Center

Address of Agency: 98 South Main St. Norwalk

Contact Person Daniel Maldonado

Bilingual Staff: Yes: x No: _____

Type of Services Provided _____

child day care/youth programs/ after school programs /summer camp
senior services/ G.E.D./ Training Assistance Program/ Employment Training

Eligibility Criteria Economically disadvantaged Residents of Norwalk, Weston, We
Wilton, New Canaan

Fees no fee expect summer camp

Referral Procedure call Daniel Maldonado

Phone # (203) 854-1890

Community Resource File

Name of Agency: Child Guidance Centre of Greater Bridgeport

Address of Agency: 430 Barnum Avenue, Bridgeport, Ana Ortiz, Stella Alvites-
Comrades

Contact Person Rudy Rosado - Dir. HYAC. Gretchen Fox- Director Parent
Enrichment Program

Bilingual Staff: Yes: XXX No:

Type of Services Provided HYAC - Hispanic Youth Action Centre

Parent Enrichment Program - Parent Aides - home visits, teach parenting skills,
assessing services, shopping and nutrition, budgeting

Comadres = Help families get in touch with services, translate, explain services,
fill out forms.

Eligibility Criteria Behavior problems, family problems, in need of therapy,
counseling and child abuse, sexual abuse, etc.

Fees Not sure?

Referral Procedure Call, Sec. directs to appropriate person, department

Phone # (203) 367-5361

Pricilla - sending us a brochure

2-6-91

Community Resource File

Name of Agency: HILL HEALTH CENTER

428 Columbus Avenue, New Haven, CT

Address of Agency: _____

Contact Person _____

Bilingual Staff: Yes: _____ ? No: _____ ? "it depends"

Type of Services Provided all medical services - dental, ob-gyn,
pediatric, WIC, nutrition counseling, outreach services (home visiting), referral
to other social service agencies

Eligibility Criteria - NONE -

Fees - NONE -

Referral Procedure Walk-in clinic

Phone # (203) 776-9594

Community Resource File

Name of Agency: CENTRO DE LA COMUNIDAD, INC.

Address of Agency: 109 Blinman Street

New London, CT. 06320

Contact Person Executive Director, William Garcia

Bilingual Staff: Yes: XXXX No:

Type of Services Provided ESL classes (a.m. and p.m.), GED classes (a.m. and p.m.), literacy classes (a.m.), conversational Spanish, Job Counselors, Case Management and Social Services, TPP Program (Teen Pregnancy Prevention Program) - High School students (SEE OTHER SIDE)

Eligibility Criteria no specific eligibility criterion

Fees No fees

Referral Procedure through school systems or:

1. Job Service - Daffney Walker
2. Education - Joan Donahue
3. Social Services, TPP, ROPE, Early Intervention - William Rivera

Phone # (203) 442-4463

Community Resource File

Name of Agency: LA CLINICA HISPANA

1 Long Wharf, New Haven

Address of Agency: _____

Contact Person Hector Lizcano

Bilingual Staff: Yes: ☒ No: _____

Type of Services Provided Mental Health Out-patient Treatment, and

Alcohol Treatment: outpatient

Eligibility Criteria Chronic mental illness that can be managed on an

out-patient basis.

Fees Will bill insurance/medicaid, but no restrictions on ability to pay.

Referral Procedure Contact Hector Lizcano to schedule an intake

Phone # (203) 789-7815

Community Resource File

Name of Agency: New Haven Child Development Center

Address of Agency: 31 Jefferson Street

New Haven, CT. 06511

Contact Person Paul Lepri

Bilingual Staff: **Yes:** XXXXX **No:**

Type of Services Provided Full day program provides educational curriculum for

496 children-broken into 10 programs: 10 preschools; 1 after school; 2 infant-toddler.

After breakfast, lunch, p.m. snack, Nurse on staff

Eligibility Criteria Child's birth certificate; immunization record, recent
physical (1 year) Proof educational/working parent

status (Parents must be working or in school)

Fees Sliding fee scale based on family income and family size

Referral Procedure Self-referral; through agencies (write letter stating why
referral made - why child would benefit from program)

Phone # (203) 772-7204

Name of Agency: HISPANIC COALITION OF WATERBURY

Address of Agency: 625 Baldwin Street

Contact Person Reverend David Burgos •

Bilingual Staff: Yes: XXXXX No:

Type of Services Provided	Advocacy group "Watchdog type of services".
----------------------------------	---

Work to insure good delivery of services in all areas to Hispanic families: education, mental health, etc. Provide agencies with suggestions on how to improve services to Hispanic population. Appointing members to boards, parenting training programs, self improvement workshops.

Eligibility Criteria _____

Personal interest in the Hispanic population

Fees 0.00

Referral Procedure _____

Phone # (203) 756-7804

Community Resource File

Name of Agency: PERLAS HISPANAS

Address of Agency: 90 Main Street

New Britain, CT.

Contact Person Julia Kruz

Bilingual Staff: Yes: XXXX No:

Type of Services Provided 9:00 - 1:00 p.m. Monday - Friday

Senior citizens

Day Program - Social Security, welfare get meals, bring to doctor's appointments

Eligibility Criteria 56 years or older, lower income for Hispanics

Fees Donations for food only

Referral Procedure Outreach, go to projects, they can come to

Phone # (203) 229-8182

Didn't know other agencies - just the address.

Community Resource File

Name of Agency: BRIDGEPORT JOBS

Address of Agency: 181 Middle Street

Bridgeport, CT. 06604

Contact Person Joyce Thomas

Bilingual Staff: Yes: XXXXX No:

Type of Services Provided Employment Training and Placement Assistance

for Low Income Individual

Eligibility Criteria (1) Income Requirement of 70% of Low Income Poverty Level

(2) Being on State Welfare

Fees NO

Referral Procedure Contact Program Recruiter - Gladys Roman - Appointment to see

her is made where she explains the different programs (5 in all) they offer, application

is completed and a determination of the most appropriate is made. (CONTINUED ON OTHER SIDE)

Phone # (203) 334-5627

Community Resource File

Name of Agency: SPANISH SPEAKING CENTER OF NEW BRITAIN, INC.

Address of Agency: 118 Main Street

New Britain, CT.

Contact Person Mildred Fernandez, Director

Bilingual Staff: Yes: XXXXX No:

Type of Services Provided Aids prevention, teen pregnancy parenting skills,
bilingual training program for adults, Food Bank, career awareness (21 and over) for
women homemakers, cultural facilitation, job placement

Eligibility Criteria for Hispanics, low income

Fees No

Referral Procedure Walk-in clients, other agencies call you and recommend
program

Phone # (203) 224-2651

NO RECOMMENDATIONS

Community Resource File

Name of Agency: CASA OTONAL

Address of Agency: 135 Sylvan Avenue

New Haven, CT.

Contact Person Paula Garcia - Social Worker

Bilingual Staff: **Yes:** XXXXX **No:**

Type of Services Provided Provider residential facilities, meals and
other services for eligible persons. Includes English classes, referral to other
agencies, home health care, work program - senior aid program

Eligibility Criteria _____

60 years old or disabled individuals

80% present clients are hispanics; 80% Blacks

Fees Funded through Section 8 - low income - clients do pay small amount for
services

Referral Procedure Call: 773-1847

Referrals accepted from other agencies, individuals, self-referrals

Phone # (203) 773-1847

Community Resource File

Name of Agency: JUNTA FOR PROGRESSIVE ACTION INC.

Address of Agency: 169 Grand Avenue

New Haven, CT.

Contact Person Sandra (Receptionist)

Bilingual Staff: Yes: XXXXX No: _____

Type of Services Provided Social Services for Individual and Family
18 over or present graduate High School class
Help obtaining employment - GED Program - ESL class 18 and over - associated with
Private Industry Council Training, Data Institute/Nurses Aid

Eligibility Criteria 0

Fees 0

Referral Procedure Brochures/Info. line/Advertise, Walk-in/Phone

Phone # (787-0191)

Community Resource File

Name of Agency: YALE CHILD STUDY CENTREAddress of Agency: 333 Cedar StreetNew Haven, CT.Contact Person Barbara Rogers, Intake WorkerBilingual Staff: Yes: _____ No: XXX 1 Spanish clinician onlyType of Services Provided outpatient clinicpsychiatric/developmental evaluations from birth to 18 years old, work with
learning disabled children, attention deficits, Tourette Syndrome, autism clinic,
fragile X clinic, Family Service

Eligibility Criteria _____

takeFees 1) Evaluations \$700.00 (paid by Title 19, insurance company).2) treatment fees - \$95.00 per session3) Group Session - \$60.00Referral Procedure Take referrals from pediatricians, parents and teachersPhone # (203) 785-2513

Community Resource File

Name of Agency: HISPANIC UNIDO CONTRA SIDA

Address of Agency: 263 Grand Avenue, New Haven

P.O. Box 161, 06513

Contact Person Fernando Ayala, Program Coordinator

Bilingual Staff: Yes: X No: everyone on staff is bilingual

Type of Services Provided _____

- AIDS prevention for school age children and tennagers
- community education for gays, bi-sexuals, prostitutes, drug users, and at risk HIV individuals
- they will match people with services they need
- they also service non-Hispanics
- provide case management services - outreach

Eligibility Criteria no age limitation

- Services provided for whoever needs it

Fees No charge - non-profit government funded

Referral Procedure referrals from community based agencies - phone calls - walk in - other agencies

Phone # () 772-1777

Community Resource File

Name of Agency: Free Forever Prison Ministry

Address of Agency: 737 Washington Avenue

New Haven

Contact Person Brixaida Marquéc

Bilingual Staff: Yes: xxxx ^{everyone} No:

Type of Services Provided Support to Prisoners and Family Services include:

Bible studies, correspondence to family, transportation for visitation, counseling for
wife and children, Drug Prevention Program for children - AIDS counseling/Education.

The Agency is presently running 2 re-entry houses for prisoners, one is specifically
for prisoners with AIDS related problems.

Eligibility Criteria prisoner - related to prisoner or ex-prisoner (not
limited to Hispanics)

Fees No charge - supported by Church - volunteers and friends

Referral Procedure Other agencies - walk in

Phone # () 772-2555

Community Resource File

Name of Agency: Caribe Day Care Centre

Address of Agency: 158 Davenport Avenue

New Haven, CT.

Contact Person Paul Lepi

Bilingual Staff: Yes: XXXX No:

Type of Services Provided Licensed child-care program for 45 children

3-5 years

Eligibility Criteria Current Physical; shot record; proof work

(Parents must be employed or attending school)

Fees Sliding fee scale based on family size and income

Referral Procedure Self Referral; other agencies

Phone # () 787-8546

Community Resource File

Name of Agency: Latino Youth Development

155 Minor Street, New Haven, CT.

Address of Agency: _____

Contact Person Dennis Hart

Bilingual Staff: Yes: x No: _____

Type of Services Provided GED training in Spanish. English as a
second language. After School Program for children 5-18 years of age. Alcohol/
Drug Abuse Prevention Program. Employability Program.

Eligibility Criteria None

Fees None

Referral Procedure Call and express area of interest, you will be forwarded
to correct person.

Phone # (203) 776-3649

INSTITUTE III

INSTITUTE III
DEPARTMENT OF HEALTH
HARTFORD, CT

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
1	56%	91%	
2	66%	95%	
3	70%	91%	
MEAN	60.5%	92%	

Mean scores across participants from INSTITUTE III for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.7
Topics Covered	4.5
Relevant Material	4.7
Adequate Illustration	4.3
Time Organized	4.1
Information Relevant to Work	4.3
Better Understanding of Subject	4.7
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	4.9
Presenter Easy to Listen to	4.9
Presenter Valued Input	4.8
Environment Comfort	4.3
Adequate Breaks	3.9
Good Group Size	4.8
Good Location	4.9
Good Day and Time	4.5
MEAN	4.5

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

INSTITUTE IV

CULTURAL SENSITIVITY INSTITUTE

INSTITUTE IV - BLYTHEDALE

Participants ID#	Position	Degree	Area of Certification	Formal Training with 0-5 Population	Years of experience with 0-5 population	Years of experience in the field
1	Early Childhood Special Educator	MS	Special Education	Yes	6 1/2	6 1/2
2	Early Childhood Special Educator	BS		No	4	4
3	Early Childhood Special Educator	BS		Yes	10	10
4	Early Childhood Special Educator	M.Ed.	Early Childhood/ Administration	Yes	3	10
5	Early Childhood Special Educator	MS	Special Education	No	4	7
6	Administrator	MS	Special Education	No	7	7
7	Early Childhood Special Educator	MA	Special Education	No		5
8	Early Childhood Special Educator			Yes	6	6
9	Early Childhood Special Educator	BS	Special Education	Yes	1	1

INSTITUTE IV
BLYTHDALE CHILDREN'S HOSPITAL
VALHALLA, NY

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
1	31%	69%	74%
2	16%	100%	74%
3	0%	100%	61%
4	28%	100%	87%
5	16%	94%	77%
6	13%	88%	71%
7	13%	100%	61%
8	13%	81%	61%
9	1%	75%	58%
MEAN	15%	89%	69%

CULTURAL SENSITIVITY INSTITUTE

BLYTHEDALE SELF RATING SCALE

Question #	Pre Where I am	Post Where I am	Follow-up Where I am
1	2.0	3.3	4.0
2	2.6	3.3	4.1
3.1	1.3	3.1	3.3
3.2	1.6	3.4	3.9
3.3	1.3	3.5	3.9
4	1.6	2.6	3.6
5	1.4	2.4	3.1
6.1	1.4	3.1	3.6
6.2	1.3	3.2	3.6
6.3	1.2	3.1	3.8
6.4	1.2	2.9	3.8
6.5	1.3	2.9	3.8
6.6	1.2	3.0	3.8
6.7	1.2	3.0	3.8
7	1.6	3.2	3.9
8	1.7	3.1	3.9
9	1.8	3.1	3.7
10	1.3	2.9	3.6
11	1.2	2.8	3.7

KEY:

- 1 = Unfamiliar
- 2 = Awareness
- 3 = Knowledge
- 4 = Application
- 5 = Mastery

Mean scores across participants from INSTITUTE IV for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.5
Topics Covered	4.8
Relevant Material	4.5
Adequate Illustration	4.6
Time Organized	4.5
Information Relevant to Work	4.3
Better Understanding of Subject	4.5
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	4.7
Presenter Easy to Listen to	4.6
Presenter Valued Input	5.0
Environment Comfort	4.7
Adequate Breaks	4.8
Good Group Size	4.8
Good Location	5.0
Good Day and Time	4.8
MEAN	4.7

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE IV - COMPLETED TASKS & LEVEL OF ASSISTANCE NEEDED**

Number	Family Task	Family Interview	Team Meeting	Community Resource File	Program Philosophy	Protocol for Cultural Sensitivity Service Delivery	Spanish
1	X B	X A	X A	X A	X A	X A	X A
2	X B	X A	X A	X A	X A	X A	X A
3	X B	X A	X A	X A	X A	X A	X A
4	X B	X A	X A	X A	X A	X A	X A
5	X B	X A	X A	X A	X A	X A	X A
6	X B	X A	X C	X A	X A	X A	X A
7	X C	X B	X B	X A	X A	X A	X A
8	X B	X B	X A	X A	X A	X A	X A
9	X B	X B	X B	X A	X A	X A	X A

KEY: X = completed I = incomplete A = 2 group meetings & phone contact B = A & 2 individual meetings
C = A & B and it needed to be redone!

PHILOSOPHY

To provide opportunity to share information and feelings with parents to help each other and the child.

To foster parent involvement, understanding and participation in the child's life within the family by providing a two way education, support and information services.

To maintain an intact family unit through an interactive process of staff and parent communication aimed at supporting relationships.

To prepare a child and his/her family to return and feel comfortable in an environment outside the hospital.

To provide a supportive and informational network system which includes parents and professionals (Doctors, psych, sw, ot, pt, speech, teacher, etc.)

To honor and respect the diverse cultural characteristics of children and their families.

PROTOCOL FOR CULTURALLY SENSITIVE SERVICE DELIVERY

TASK #2

1. Background
2. Multicultural resources and materials
3. Music
4. Holidays
5. Religion
6. Incorporate parents
7. Learn about and incorporate extended family
8. Link parents to support services
9. Know/learn about their culture
10. Information in native language
11. Respect for diversity

INSTITUTE V

**CULTURAL SENSITIVITY
INSTITUTE V - THE SHIELD**

ID Number	Position	Highest Degree	Area of Certification	Formal Training with 0-3 Population	Years of Experience with 0-3 Population	Years of Experience In Your Field
1	Early Childhood Special Educator	BS	Early Childhood Special Education	YES	2	2
2	Social Worker	MSW	Social Work	NO	3 months	3
3	Social Worker	MSW	Social Work	NO	3	12
4	Early Childhood Special Educator	MS	Elementary Special Education	NO	2	4
5	Administrator	Post Master	Early Childhood Special Education	YES	5	5
6	Early Childhood Special Educator	M. Ed.	Early Childhood Special Education	NO	4.5	5

INSTITUTE V
THE SHIELD INSTITUTE, QUEENS, NY

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
1	24%	96%	92%
2	20%	100%	88%
3	20%	72%	92%
4	8%	84%	84%
5	48%	72%	No follow-up data received.
6	4%	96%	100%
MEAN	20%	86%	91%

CULTURAL SENSITIVITY INSTITUTE

THE SHIELD SELF RATING SCALE

INSTITUE V

Question #	Pre Where I am	Post Where I am	Follow-up Where I am
1	2.0	2.8	4.6
2	2.3	3.0	4.5
3.1	2.1	2.8	4.8
3.2	2.1	2.6	4.8
3.3	2.3	3.0	4.8
4	2.1	2.8	5.0
5	1.5	3.0	4.6
6.1	2.0	3.0	4.6
6.2	2.1	3.0	4.8
6.3	2.0	3.0	4.6
6.4	1.8	3.0	4.6
6.5	1.8	3.0	4.6
6.6	1.8	3.0	4.8
6.7	1.8	3.0	4.6
7	2.0	3.2	4.8
8	1.6	3.0	4.8
9	2.3	3.2	4.8
10	2.1	3.2	4.8
11	2.5	3.2	5.0

KEY:

- 1 = Unfamiliar
- 2 = Awareness
- 3 = Knowledge
- 4 = Application
- 5 = Mastery

Mean scores across participants from INSTITUTE V for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.6
Topics Covered	4.5
Relevant Material	4.6
Adequate Illustration	4.8
Time Organized	4.8
Information Relevant to Work	4.8
Better Understanding of Subject	4.6
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	4.8
Presenter Easy to Listen to	5.0
Presenter Valued Input	5.0
Environment Comfort	4.5
Adequate Breaks	4.5
Good Group Size	4.8
Good Location	4.8
Good Day and Time	4.3

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE V - COMPLETED TASKS & LEVEL OF ASSISTANCE**

Participant ID Number	Protocol for Culturally Sensitive Service Delivery	Community Resource File	IFSP
1	X	X A	X B
2	X	X A	X B
3	X	X A	X B
4	X	X A	X B
5	I	I	I
6	X	X A	X B

**KEY: X = Completed I = Incomplete A = Independently
B = 2 group meetings & phone contact C = B & 2 individual meetings
D = B & C and it needed to be redone!**

INSTITUE V (SHIELD)

PROTOCOL FOR CULTURALLY SENSITIVE SERVICE DELIVERY

Factors affecting service delivery:

Language, religion, cultural characteristics/beliefs & values, patterns of service delivery, readiness and knowledge of families to access services, insurance, transportation, education, lack of bilingual/bicultural professionals, and past experiences.

How can we address the above mentioned issues?

1. Educate family on service delivery system.
2. Enable & empower families taking into consideration cultural beliefs and values.
3. Define roles of service delivery.
4. Be knowledgeable of community resources.
5. Be flexible.
6. Be supportive.
7. Encourage parent to parent for support and information.
8. Include extended family in intervention when appropriate.
9. Provide staff training on cultural diversity.
10. Be aware and respect differences as well as similarities.

Community Resource File

Name of Agency: Eviction Prevention

Address of Agency: 880 River Ave, Bronx, NY 10452

Contact Person: Stephanie Harris Coleman

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: welfare advocacy,
litigation - represent tenant in court.
mediation - between landlord & tenant
information and referrals

Eligibility Criteria: none

Fees: none

Referral Procedure: call for appointment appointment

Phone # (212) 992-8890

Community Resource File

Name of Agency: National Down Syndrome

Address of Agency: 666 Broadway, Suite 810
New York, NY 10012

Contact Person: Ellen Caldwell

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Information and referral

Eligibility Criteria: _____

Fees: none

Referral Procedure: Ellen would make referral
dependent on individual need.

Phone # (800) 221-4602
212-460-9330

Community Resource File

Name of Agency: New York League / YAI

Address of Agency: 34th Street

New York, NY

Contact Person: Steve Frayman

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Information, referral, placement
for children with development disability

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (212) 563-7474

Community Resource File

Name of Agency: Professional Service Centers of the Handicapped, Inc

Address of Agency: 15-08 College Pt Blvd
College Pt, NY 11356

Contact Person: Maryanne Macino

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: SSI, and Medicaid assistance

Eligibility Criteria: Low income families + developmental delayed clients

Fees:

Referral Procedure: Telephone

Phone # (718) 445-4700

Community Resource File

Name of Agency: Dawn Syndrome Parent Support Group of Queens

Address of Agency: P.O. Box 726

Oakland Gardens, NY 11364

Contact Person: A Scott Harris

Bilingual Staff:

Yes: _____

No: _____

Working on it

Type of Services Provided: Support group for parents of children with Dawn Syndrome run by parents. The group meets the last Monday of every month except July, August, January, and February at 7:30 at Barth Memorial Medical Center, the Long Center, Barth Memorial Drive and Main Street, Flushing. A newsletter is available

Eligibility Criteria: For parents, siblings, and friends in the metropolitan area

Fees: No fee. No transportation.

Referral Procedure: _____

Phone # (718) 465-6261

Phone # (718) 465-6261

Community Resource File

Name of Agency: Resources for Children with Special Needs, Inc

Address of Agency: 200 Park Avenue South, Suite 816
New York, New York 10003

Contact Person: Gary Schullman

Bilingual Staff: Yes: _____ No: _____ NOT SURE

Type of Services Provided: Referral agency for resources available
to clients and their families.

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (212) 677-4650

PHONE # _____

**Niños Especiales Outreach Training Project
IFSP TASK DEVELOPMENT CHECKLIST**

NAME _____

DATE: _____

PROGRAM/AGENCY: SHIELD INSITITUTE

IFSP Components	Incomplete	Complete
1. Statement of child's present levels of development		X
2. Statement of the family's concerns, priorities and resources relating to enhancing the child's development.		X
3. Statement of the major outcomes expected to be achieved for the child and family.		X
4. Short-term behavioral objectives for each major outcome that are written in operational terms and specify functional activities in which they occur.		X
5. The criteria, procedures and timelines for determining progress.		X
6. The specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency, and intensity of service.		X
7. The projected dates for initiation of services and expected duration.		X

Niños Especiales Outreach Training Project

IFSP TASK DEVELOPMENT CHECKLIST (Cont'd.)

IFSP Components	Incomplete	Complete
8. The name of the service coordinator who is responsible for the implementation of the plan and coordination with other agencies.		X
9. A transition plan for the delivery of special education services and related services in the child's next educational environment.		X
10. Statement of the Natural environments in which early intervention services shall appropriately be provided.		X
11. Follows the spirit of the law in developing the IFSP (i.e., uses family interviews, gives family choices).		X

INDIVIDUAL FAMILY SERVICE PLAN

Child Name NARMATHA
Last First

DATE OF PLAN 8 January 1993 PARENTS Jayakala and Desly

GUARDIAN Parents

CHILD'S DOB 19 May 1992 ADDRESS _____

RELATIONSHIP TO CHILD _____

CHILD'S ADDRESS SAME Richmond Hill, N.Y.

ADDRESS _____

PHONE _____

COUNTY Queens PHONE _____

REF. BY DR S DATE OF REF 10-19-92 FAMILY COMPOSITION Parents, NARMATHA, AND 1 SISTER.

REVIEW DATES (minimum every 3 months):

_____ () _____ () _____ () _____ () School district of residence #27

CURRENT SERVICES SUMMARY

HOSPITAL	COMMUNITY
PROVIDER (name, address, phone #, date initiated, frequency/length)	(name, address, phone #, date initiated, frequency/length)

PRIMARY PHYSICIAN <u>DR. Sahdey, Elmhurst Hospital</u> <u>Pediatric Primary Care Clinic.</u> <u>830-1515</u> OR <u>334-3025</u>	<u>none</u>
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NURSING <u>none</u>	<u>none</u>
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EARLY INTERVENTION	<u>The Shield Institute, 144-61 Roosevelt Ave</u> <u>FLUSHING, New York 11354.</u> <u>(718) 939-8700</u>
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HUMAN SERVICES <u>MARY ANN DELGADO - SOCIAL WORKER - ELMHURST</u> <u>HOSPITAL</u>	<u>Amy KAUFMAN, Social Worker - SHIELD INSTITUTE</u>
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OTHER <u>Robert Bauer - FRIEND OF FAMILY</u> <u>CARDIOLOGIST: DR. Steinberg - Elmhurst Hospital</u>	<u>Robert Bauer - Friend of family</u> <u>Michelle Baerle - Shield Institute - Home</u> <u>Intervention Teacher.</u>
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LEAD SERVICE COORDINATOR Michelle BAERLE

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Child Name _____
Last, _____

_____, Narmatha
First

SUMMARY OF CHILD HEALTH AND DEVELOPMENTAL STATUS

Child Health (Past History, Current Status)

Child was diagnosed at birth with Down Syndrome, failure to Thrive and
Heart Murmur.
Child has since improved her food intake

Child Level of Functioning/Capabilities (based on observation and parent report on Jan. 8, 1993)
Date

- 1 Physical (Fine Motor/Gross Motor): Rolls in all directions, ATTEMPTS TO CREEP FORWARD ON HANDS AND KNEES. Reaches and grasps objects
- 2 Sensory (Vision/Hearing): hears in all directions, follows objects with eyes in all directions.
- 3 Language: SAYS DA-DA, Babbles during play
- 4 Problem Solving/Cognitive: Shakes rattles to hear noise, rolls to reach desired object.
- 5 Personal/Social: Responds to name, babbles to sister
- 6 Self-help: Puts hands on bottle, eats cereal and pureed vegetables by spoon.

Child Level of Functioning/Capabilities (based on developmental assessment done on Dec. 1992)
Date

- 1 Physical (Fine Motor/Gross Motor): Sits independently for a few seconds ~~on~~ hands. Displays good trunk control. Protective extension emerging. Displays side lying position during play. Reaches and grasps objects. Bangs object on table. Transfers objects hand to hand.
- 2 Sensory (Vision/Hearing): Tracks objects in all directions consistently. Localizes to sounds in all directions. Responds to name by making eye contact
- 3 Language: Vocalizes during play (da-da-da) (ta-ta-ta). Imitates sounds made by adult.
- 4 Problem Solving/Cognitive: Manipulates activity board. TAKES RING STACK APART.
- 5 Personal/Social: Laughs out loud, smiles and touches mother's face. Interacts with sibling.
- 6 Self-Help: Cooperates during dressing. Puts socks off. Holds bottle with little assistance.

Child Name

Last,

NARMATHA

First

STRENGTHS AND NEEDS

FAMILY CONCERNS

1. MENTAL CAPABILITIES
2. FUTURE DELAYS - PHYSICAL, MENTAL, EMOTIONAL
3. Financial Insecurity - will they be able to provide for all of her present and future needs.
4. Finding Pre-school education for her sister
5. Will Narmi be able to live independently.

FAMILY RESOURCES

1. Friends are nearby who are helpful and supportive
2. FATHER'S JOB IS RELATIVELY SECURE. HE FEELS THAT HIS INSURANCE IS GOOD
3. DOCTORS, SOCIAL WORKERS AT ELMHURST ARE helpful.

FAMILY PRIORITIES

1. Providing / continuing Home Intervention Program for Narmi to learn how to help her.
2. Try to help Paternal grandparents emigrate to U.S.A.
3. Provide Children with a "rich life"

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CHILD STRENGTHS

1. She is hearing well. Seems to have no difficulty recognizing sounds.
2. She is physically strong
3. She is alert.

FAMILY STRENGTHS

1. MOTHER AND FATHER HAVE OPEN COMMUNICATION AND ARE ABLE TO DISCUSS CONCERNS.
2. PARENTS ARE WILLING TO BE ACTIVE PARTICIPANTS in child's care.
3. PARENTS GET ALONG WELL - INCLUDING EXTENDED FAMILY - THEY SHARE INFORMATION - SUPPORT ONE ANOTHER.

CHILD NEEDS

4. PARENTS ARE WILLING TO SHARE INFORMATION WITH OTHER PARENTS / JOIN A SUPPORT GROUP.

CHILD NEEDS

1. TO TALK TO express needs.
2. TO SIT ALONE
3. TO PLAY WITH AGE APPROPRIATE TOYS.

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Child Name

Last,

Narmatha pg. 1
First

OUTCOMES - CHILD AND FAMILY

OUTCOME

Date	Provider	Planned Intervention (what, how, when to begin, when to end)	Evaluation (minimum every 3 months)			
	Michelle Amy	Pre-school for older sister (NISHANTHY)				
	Michelle mom Dad	Continue in-home education for Narmi to help mom and dad learn techniques - to help her.				
	Michelle Amy	Assist family in preparations for parental grandparents to immigrate to U.S.A.				
	Michelle mom DAD	Narmi will play with objects purposefully showing cause and effect.				
	Michelle mom DAD	Narmi will imitate sounds just made by familiar adult.				
	Michelle mom DAD	Narmi will sit independently, without leaning on hands, with hands in lap free to play.				
	Michelle Amy	Parents will visit Down Syndrome Support Group meeting.				

Duration
Scale:

0 = No longer a goal

2 = No change, but still a goal

4 = Goal reached, but not to family's satisfaction

1 = Goal cannot be reached

3 = Goal partially reached

5 = Goal reached to family's satisfaction

Child Name _____ pg _____

ATTENDANCE SHEET FOR IFSP MEETING:

	NAME	TITLE	DATE	REVIEW DATE/INITIAL
1.	Amy Kaufman	Social worker	Jan 7, 1993	
2.	Nichelle Backe	Home Intervention Teacher	1-7-93	3
3.	A. J. J.	Father	1/7/93	
4.	J.	Mother	1/7/93	
5.				
6.				
7.				
8.				
9.				
10.				

407

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INSTITUTE VI

**CULTURAL SENSITIVITY
INSTITUTE VI - FIRST STEP EARLY CHILDHOOD CENTER**

ID Number	Position	Highest Degree	Area of Certification	Formal Training with 0-3 Population	Years of Experience with 0-3 Population	Years of Experience in Your Field
10	Administrator	MS	Special Education	NO	5	18
11	Physical Therapist	MS	Physical Therapy	NO	2	10
12	Speech Therapist	MS	Speech Therapy	N/A	5	5
13	Social Worker	MSW	Social Work	YES	3	4
14	Director	6th year Cert.	Elementary Special Education Administration	YES	20	20
15	Early Childhood Special Educator	BS	Special Education	NO	2	6
16	Speech Therapist	MS	Speech Therapy	NO	5	5
17	Speech Therapist	MS	Speech Therapy	YES	7	7
18	Social Worker	MSW	Social Work	NO Social Work	1.5	1.5
19	Social Worker	MSW	Social Work	NO	1.5	8
20	Early Childhood Special Educator	BA	Early Childhood	NO	9	9

INSTITUTE VI
FIRST STEP RICHMOND HILL, QUEENS, NY

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
10	40%	100%	68%
11	44%	100%	No follow-up received.
12	12%	88%	92%
13	56%	80%	96%
14	52%	85%	92%
15	28%	100%	88%
16	36%	96%	80%
17	12%	100%	76%
18	12%	100%	92%
19	32%	96%	No follow-up data was received.
20	16%	100%	76%
MEAN	30%	95%	84%

CULTURAL SENSITIVITY INSTITUTE

FIRST STEP RICHMOND HILL SELF RATING SCALE

Question #	Pre Where I am	Post Where I am	Follow-up Where I am
1	1.73	3.36	
2	2.40	3.45	
3.1	2.30	3.36	
3.2	2.00	3.36	
3.3	2.20	3.45	
4	2.10	3.18	
5	1.82	2.91	
6.1	2.45	3.73	
6.2	2.45	3.73	
6.3	2.45	3.73	
6.4	2.36	3.73	
6.5	2.45	3.82	
6.6	2.27	3.73	
6.7	2.36	3.82	
7	2.27	3.64	
8	2.00	3.64	
9	2.50	3.73	
10	2.30	3.45	
11	1.91	3.09	

KEY: 1 = Unfamiliar
2 = Awareness
3 = Knowledge
4 = Application
5 = Mastery

Mean scores across participants from the INSTITUTE VI for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.3
Topics Covered	4.3
Relevant Material	4.5
Adequate Illustration	4.4
Time Organized	4.0
Information Relevant to Work	4.4
Better Understanding of Subject	4.4
Presenter Prepared	4.5
Presenter Knowledgeable	4.8
Presenter Used Activities	4.1
Presenter Easy to Listen to	4.3
Presenter Valued Input	4.7
Environment Comfort	4.0
Adequate Breaks	4.0
Good Group Size	4.4
Good Location	4.5
Good Day and Time	4.2

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE VI - COMPLETED TASKS & LEVEL OF ASSISTANCE**

Participant ID Number	Protocol for Culturally Sensitive Service Delivery	Community Resource File	IFSP
10	X B	X A	I
11	X B	X A	I
12	X B	X A	I
13	X B	X A	I
14	X B	X A	I
15	X B	X A	I
16	X B	X A	I
17	X B	X A	I
18	X B	X A	I
19	X B	X A	I
20	X B	X A	I

KEY: X = Completed I = Incomplete A = Independently
 B = 2 group meetings & phone contact C = B & 2 individual meetings
 D = B & C and it needed to be redone!

**TASK #1 PROTOCOL FOR CULTURALLY SENSITIVE SERVICE
DELIVERY
FIRST STEP EARLY CHILDHOOD CENTER, RICHMOND HILL,
QUEENS.**

The participants from the First Step Early Childhood Center in Richmond Hill, decided that a Culturally Sensitive Protocol must first discuss barriers that exist when families try to access the system.

The barriers the participants' identified were:

1. Language 2. Pride 3. Lack of education on the part of the provider in terms of culture considerations 4. Economics 5. Transportation 6. Religion 7. Past experiences in their own country concerning large institutions or agencies. 8. The family's education 9. Attitudes and values within our service delivery system that may conflict with the family's'.

The participants felt the following strategies or recommendations would be useful in order to develop and implement a culturally sensitive protocol.

1. Use of translators. This includes training and interviews with the translator. 2. Cultural sensitivity training for all staff that work with families. 3. This training would encourage respect and education about different cultures. 4. Provide transportation and services in as much a community based setting as possible. 5. Use materials found in the home or in the natural occurring environment to create toys and educational materials; especially if doing home visits. 6. Include the extended family in the program. 7. Look at the families from a system perspective. 8. Try not to be judgmental. 9. Evaluate to make sure you are meeting the families' priorities not you're own. 10. Use the community resource file to develop contacts and links within the community.

Community Resource File

Name of Agency: New York Society for the Deaf

Address of Agency: Harricks Community Center

Contact Person: Elyse Prattiger

Bilingual Staff: Yes: X No: Sign

Type of Services Provided: Interpreting, sign classes

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (516) 877-2620

Community Resource File

Name of Agency: Consultants on call

Address of Agency: _____

Contact Person: Leah or Fern

Bilingual Staff: Yes: X No: _____

Type of Services Provided: Contractors - PT/OT/ST,
Psychologist ; bilingual services
translator

Eligibility Criteria: _____

Fees: Different for different services

Referral Procedure: _____

Phone # (213) 339 8000

Community Resource File

Name of Agency: N.Y. Eye and Ear Infirmary

Address of Agency: Manhattan

Contact Person: _____

Bilingual Staff: Yes: _____ No: _____

Type of Services Provided: Audiological Services

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (212) 979-4340

Community Resource File

Name of Agency: Statewide Parent Trend 1:1

Address of Agency: Through Easter Seal

Contact Person: Linda Ripple

Bilingual Staff: Yes: _____ No: _____

Type of Services Provided: List of parents w/children w/delays
diseases, injuries & disabilities

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (800) 727-8785

Community Resource File

Name of Agency: South Queens Community Health Center

Address of Agency: 114-02 Guy Brewer Blvd (Suite 101)
Jamaica, New York 11434

Contact Person: Mildred Sanders Center Director

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Family Planning, Nutrition
Services for Children, Short term Counseling,
Prenatal Care, Pediatric Services, i.e.
audiological. Ear, Nose & Throat.

Eligibility Criteria: Sliding fee Scale - all eligible

Fees: medicaid, Medicare and Private
Insurance accepted, Sliding fee Scale
\$10-45

Referral Procedure: _____

Phone # (718) 291-3636

Community Resource File

Name of Agency: Queens Medical Group

Address of Agency: 89-31 161 Street Ground floor
Jamaica, New York 11432

Contact Person: Josie Lewis

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Pediatrics, Gynecology,
Vision Screening, Family planning,
Audiology testing, Sexually transmitted diseases.

Eligibility Criteria: Sliding fee Scale for
pediatric care 5 years of age.

Fees: Medicaid, Medicare, most union
plans, Private insurance, sliding fee
20-60 negotiable. Initial visit \$75.00

Referral Procedure: _____

Phone # (718) 291-6161

Community Resource File

Name of Agency: Long Island Jewish Hospital
Symptom Care Planning Center

Address of Agency: New York Park N.Y. 10042

Contact Person: Dorothy Williams

Bilingual Staff: Yes:_____ No:_____

Type of Services Provided: Video Session Study

Eligibility Criteria:

Fees: 1199 some insurance

Referral Procedure: Need a Doctors referral

Phone # (718) 470-8910

Community Resource File

Name of Agency: Lexington Hearing and Speech Center

Address of Agency: 74-20 25th Ave
Jackson Heights, N.Y.

Contact Person: _____

Bilingual Staff: Yes: _____ No: _____

Type of Services Provided: Audiological Services

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (718) 898-5962

Community Resource File

Name of Agency: Queens Legal Services

Address of Agency: 89-02 Sutphin Blvd 2nd Fl
Jamaica NY 11435

Contact Person: ~~Adrienne~~ Adrienne Rogers

Bilingual Staff: Yes: ✓ No:

Type of Services Provided: Provide legal assistance to disenfranchised
residence in the borough. Deliver services such as Housing law
Help with Govt benefits, matrimonial law, Education law
and Family law

Eligibility Criteria: Must live in Queens - except Far Rockaway

Fees: Free if meet Federal Income Guidelines

Referral Procedure: Call or walk-in

Phone # (718) 657-8611

Community Resource File

Name of Agency: Aspects 27

Address of Agency: 108-10 109th Ave
South Ozone Pk, NY 11430

Contact Person: Demetrios Peratsakis

Bilingual Staff: Yes: _____ No: ☒

Type of Services Provided: Family counseling, crisis intervention
children ~~and~~ adults of Alcoholics groups. - Student workshops
etc to provide adolescent counseling & training

Eligibility Criteria: Families residing in Dist. 27

Fees: NONE

Referral Procedure: call or walk in

Phone # (718) 845-7788

Community Resource File

Name of Agency: Providence House

Address of Agency: 159-23 89th Avenue
Lamaine N.Y. 11432

Contact Person: Lis Marie Lenahan

Bilingual Staff: Yes: No:

Type of Services Provided: Assist women & children in crisis. Shelter
(in crisis) for up to 3 months

Eligibility Criteria: Female 21 years and older. Child
(if boy) can not be older than 8 years old.
Must be drug and alcohol free.

Fees: none

Referral Procedure: Call contact person

Phone # (718) 739-1348

Community Resource File

Name of Agency: HIV Counseling & Testing Hotline

Address of Agency: _____

Contact Person: _____

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: _____

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (800) 872-2777

Community Resource File

Name of Agency: St Mary's Hospital for Children

Address of Agency: 29-01 216th Street
Bayside N.Y. 11360

Contact Person: Paul Klincewicz

Bilingual Staff: Yes: _____ No: _____

Type of Services Provided: _____

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (____) 281-8800

Community Resource File

Name of Agency: ADVOCATES FOR CHILDREN

Address of Agency: 24-16 BRIDGE PLAZA SO.
LONG ISLAND CITY, NY 11101

Contact Person: _____

Bilingual Staff: Yes: ✓ No: _____

Type of Services Provided: Advocacy services and legal
advice for parents and children in the New York
City school system. Assistance in obtaining mandated
services and protecting civil rights for disabled
and non-disabled students, birth-21 years.

Eligibility Criteria: New York City Public Schools student

Fees: none

Referral Procedure: Call for information.

Phone # (718) 729 8866

Community Resource File

Name of Agency: HEARTSHARE HUMAN SERVICES

Address of Agency: 186 JORALEMON ST.
BROOKLYN, N.Y.

Contact Person: LAURIE YANKOWITZ

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Saturday respite services with transportation.
A bi-lingual teacher or aide may be available upon request. A bi-lingual intake may be available upon request.

Eligibility Criteria: Developmentally disabled child/person
2 - 21+.

Fees: none. Funded by OMRDD.

Referral Procedure: Call Laurie Yankowitz for
information and intake. It may be necessary to
travel to Joralemon St. for the initial intake.

Phone # (718) 330 - 1813

Community Resource File

Name of Agency: Parent-to-Parent

Address of Agency: _____

Contact Person: Marie Goepel

Bilingual Staff: Yes: ☒ ^{Spanish} ~~Italian~~ No: _____

Type of Services Provided: lists of parents w/ children
w/ delays, disease, injuries and disabilities
will match parents to parents economically,
single parents etc.

Eligibility Criteria: _____

Fees: _____

Referral Procedure: call.

Phone # (718) 494-5122

Community Resource File

Name of Agency: National Organization of Rare Disorders

Address of Agency: _____

Contact Person: _____

Bilingual Staff: Yes: _____ No: _____

Type of Services Provided: Copies of rare disease articles, support groups, articles written in plain English, data base of other parents w/ children w/ delays, disease, disabilities & injuries in the US + Canada

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (800) 999-6673

Community Resource File

Name of Agency: Mothers United for Moral
Support

Address of Agency: located in Wisconsin

Contact Person: _____

Bilingual Staff: Yes: _____ No: _____

Type of Services Provided: lists - for support & net-
working:

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (414) 036-5333

Community Resource File

Name of Agency: The Disability Bookshop Catalog

Address of Agency: P.O. Box 129
Vancouver, WA 98666-0129

Contact Person: _____

Bilingual Staff: Yes: _____ No: _____

Type of Services Provided: stocks publications on caring
for children w/ vision, hearing, physical & mental
limitations & general health problems, as well as
a resource directory for parents

Eligibility Criteria: _____

Fees: \$ 2⁰⁰ for catalog

Referral Procedure: _____

Phone # (____) _____

Community Resource File

Name of Agency: Dr. Geraldine Walker

Address of Agency: 157 East 72nd Street

Contact Person: _____

Bilingual Staff: Yes: _____ No: ✓

Type of Services Provided: Ophthalmologist

Eligibility Criteria: _____

Fees: _____

Referral Procedure: _____

Phone # (212) 535-5610

Community Resource File

Name of Agency: Family Support Center

Address of Agency: _____

Contact Person: _____

Bilingual Staff: Yes: _____ No: X

Type of Services Provided: Consult, instruction
Facilitated Communication

Eligibility Criteria: _____

Fees: \$ 70 or 41%

Referral Procedure: _____

Phone # (713) 896-2601

INSTITUTE VII

**CULTURAL SENSITIVITY
INSTITUTE VII - CT BOARD OF EDUCATION & SERVICES FOR THE BLIND**

ID Number	Position	Highest Degree	Area of Certification	Formal Training with 0-3 Population	Years of Experience with 0-3 Population	Years of Experience in Your Field
24	Special Education Teacher	BS	Blind/Visually Impaired	YES	15	18
25	Social Worker	MSW	Social Work	NO	10	25
26	Special Education Teacher	M. Ed.	Blind/Visually Impaired	YES	18	18
27	Social Worker	MSW	Social Work	NO	1	5.5
28	Social Worker	MSW	Social Work	NO	0	16
29	Special Education Teacher	MA	Blind/Visually Impaired	YES	15	15
30	Special Education Teacher	MS	Blind/Visually Impaired	YES	7	7
31	Special Education Teacher	M. Ed.	Blind/Visually Impaired	YES	10	13
32	Special Education Teacher	M. Ed.	Blind/Visually Impaired	YES	8.5	8.5

INSTITUTE VII
BOARD OF EDUCATION AND SERVICES FOR THE BLIND (BESB)
WETHERSFIELD, CT

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
24	40%	88%	100%
25	44%	80%	88%
26	44%	76%	96%
27	40%	62%	88%
28	28%	N/A	92%
29	52%	N/A	88%
30	48%	88%	92%
31	32%	92%	96%
32	20%	76%	No follow-up data received.
MEAN	39%	80%	92%

CULTURAL SENSITIVITY INSTITUTE

BESB SELF RATING SCALE

Question #	Pre Where I am	Post Where I am	Follow-up Where I am
1	2.63	3.71	
2	2.00	3.43	
3.1	2.50	3.43	
3.2	2.63	3.43	
3.3	2.25	3.57	
4	2.25	3.57	
5	1.88	3.86	
6.1	2.38	3.71	
6.2	2.50	3.71	
6.3	2.50	3.71	
6.4	2.38	3.71	
6.5	2.38	3.71	
6.6	2.00	3.71	
6.7	2.13	3.71	
7	2.00	3.71	
8	2.13	3.43	
9	2.63	4.00	
10	2.00	3.43	
11	2.63	3.43	

KEY:

- 1 = Unfamiliar
- 2 = Awareness
- 3 = Knowledge
- 4 = Application
- 5 = Mastery

Mean scores across participants from INSTITUTE VII for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.6
Topics Covered	4.0
Relevant Material	4.6
Adequate Illustration	4.7
Time Organized	4.8
Information Relevant to Work	4.3
Better Understanding of Subject	4.6
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	4.6
Presenter Easy to Listen to	4.8
Presenter Valued Input	4.8
Environment Comfort	4.5
Adequate Breaks	4.5
Good Group Size	4.7
Good Location	4.3
Good Day and Time	4.2

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE VII - COMPLETED TASKS & LEVEL OF ASSISTANCE**

Participant ID Number	Protocol for Culturally Sensitive Service Delivery	Community Resource File	IFSP
24	X A	X A	X B
25	X A	X A	X B
26	X A	X A	X B
27	X A	X A	X B
28	X A	X A	I
29	X A	X A	X B
30	X A	X A	X B
31	X A	X A	X B
32	X A	X A	X B

KEY: X = Completed I = Incomplete A = Independently
 B = 2 group meetings & phone contact C = B & 2 individual meetings
 D = B & C and it needed to be redone!

INSTITUTE VII (BESB)

PROTOCOL FOR CULTURALLY SENSITIVE SERVICE DELIVERY

Factors affecting service delivery:

Language, cultural characteristics/beliefs & values, sense of time, knowledge of system, patterns of service delivery, insurance, education, transportation, past experiences, and lack of bilingual/bicultural professionals.

How can we address the above mentioned issues?

1. Availability of bilingual/bicultural professionals to work with families and/or serve as cultural guides to other professionals.
2. Information in preferred language.
3. Have contact and include extended family when appropriate.
4. Have knowledge of community resources for different ethnic groups you are currently serving.
5. Establish interagency collaborations with community agencies serving different ethnic groups. Use community resources.
6. Learn as much as you can about the culture before meeting the family-appropriateness of interactions.
7. Be flexible.
8. Be supportive of families' beliefs, values and priorities.
9. Be aware and respect differences as well as similarities.
10. Provide transportation and/or home based services.

COMMUNITY RESOURCE FILE

Name of Agency: P.E.T.A.L.O.S.

Address of Agency: 101 Union St.

Willimantic, CT 06226

Contact Person: Sonia Bonet - Director

Bilingual Staff: Yes X No

Type of Services Provided: Parent Support Center which
provides groups on Parenting Skills and support with
raising young children. Day care is provided for
parents during Support groups

Eligibility Criteria: - No specific eligibility - Multi cultural
Center.

Fees: None

Referral Procedure: Call for Information or Stop In

Phone# (203) 423-8638 or 423-8667

Cy the "Star"

COMMUNITY RESOURCE FILE

Name of Agency: St. Vincent's Hospital

Address of Agency: 111 St. Vincent St.

Contact Person: John J. Smith

Bilingual Staff: Yes X No

Type of Services Provided: Interpretation, referral to
the resources

Eligibility Criteria: patients of hospital patients of
St. Vincent's Hospital who are not able to pay

Fees: Free

Referral Procedure: patient referral service

Phone# (202) 574-6000

COMMUNITY RESOURCE FILE

Name of Agency: International Institute

Address of Agency: 670 ~~470~~ Clinton Avenue

Brooklyn

Contact Person: JOE SMITH / MELINDA SCHMIDT

Bilingual Staff: Yes X No

Type of Services Provided: provide interpreters for
all situations in wide variety of
languages. Specialize in immigration

Eligibility Criteria: in need of
interpreters

Fees: Depends on interpreter language
and location (Sample: 1-hr of Polish
interp. \$63.00)

Referral Procedure: Call Joe Smith + arrange
dates + times

Phone# (203) 366-0141

COMMUNITY RESOURCE FILE

Name of Agency: Spanish Speaking Center

Address of Agency: 160 High St
New Britain Ct 06051

Contact Person: Mildred Fernandez

Bilingual Staff: Yes ☒ No ☐

Type of Services Provided: food bank for people
on street A-M. Culture facilitation -
crises intervention, Client advocacy, help
fill out forms, Bilingual vocational, Career Awareness
Life living skills
for placement

Eligibility Criteria: Food Bank everybody -
Spanish must be your language

Fees: none

Referral Procedure: send a note, call or talk
to a worker - prefer something in writing

Phone# (203) 224-2651

COMMUNITY RESOURCE FILE

Name of Agency: American School for the Deaf

Address of Agency: 29 North Main Street

West Hartford CT 06107

Contact Person: Nanette Serano - Early Childhood

Inter. City Coordinator

Bilingual Staff: Yes ✓ No

Type of Services Provided: Has received federal grant

to provide inter city support services to

families with children 0-3 diagnosed

hearing impaired

Eligibility Criteria: child have hearing impairment

Fees:

Referral Procedure: contact Nanette Serano or

Diane Martin

Phone# (203) 727-1347

COMMUNITY RESOURCE FILE

Name of Agency: Petalos Multi Cultural Parent Support Center

Address of Agency: Petalos - Sonoma Coast
101 Union St Willmanville

Contact Person: _____

423-8667

Bilingual Staff: Yes _____ No _____

Type of Services Provided: _____

Parenting classes Multi Cultural
Support Center - Resolution of Parenting
Issues

Eligibility Criteria: Referral from agency

Fees: Medicare or sliding scale

Referral Procedure: Call from client
or other professional

Phone# 703 423-8667

**Niños Especiales Outreach Training Project
IFSP TASK DEVELOPMENT CHECKLIST**

NAME: _____

DATE: _____

PROGRAM/AGENCY: _____ **BESB** _____

IFSP Components	Incomplete	Complete
1. Statement of child's present levels of development		X
2. Statement of the family's concerns, priorities and resources relating to enhancing the child's development.		X
3. Statement of the major outcomes expected to be achieved for the child and family.		X
4. Short-term behavioral objectives for each major outcome that are written in operational terms and specify functional activities in which they occur.		X
5. The criteria, procedures and timelines for determining progress.		X
6. The specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency, and intensity of service.		X
7. The projected dates for initiation of services and expected duration.		X

Niños Especiales Outreach Training Project

IFSP TASK DEVELOPMENT CHECKLIST (Cont'd.)

IFSP Components	Incomplete	Complete
8. The name of the service coordinator who is responsible for the implementation of the plan and coordination with other agencies.		X
9. A transition plan for the delivery of special education services and related services in the child's next educational environment.	X	
10. Statement of the Natural environments in which early intervention services shall appropriately be provided.		X
11. Follows the spirit of the law in developing the IFSP (i.e., uses family interviews, gives family choices).		X

Cindy E
Lisa P.
Kathy M.
John R.

CONNECTICUT INDIVIDUALIZED FAMILY SERVICE PLAN (IFSP)

Effective Date of IFSP Feb. 18, 1993 to Feb. 18, 1993; Six Month Review Date Proposed Aug. 1993

CHILD: Name: Angel C. PARENT/GUARDIAN: Name: Jose + Maria
Address: Waterbury, CT Address: Waterbury CT
Birthdate: Feb. 18, 1992 Telephone: Home: yes Work: _____
Chronological Age: 1 year Primary Language: Spanish
Corrected Age: 11 months Name: _____
(for premature children) Address: _____
Primary Language: Spanish Telephone: Home: _____ Work: _____
Primary Language: _____

Location of Meeting: Home

TYPE OF IFSP:

☐ Interim Date: _____ Six month Review Date: _____

☒ Initial Date: Feb. 18, 1993 Annual Review Date: _____

Service Coordinator: Social Worker - Bilingual Agency: Birth to 3 Telephone: _____

Address: _____

Co-Service Coordinator: Linda S. - BESP

Address: _____ Telephone: _____

Primary Health Care Provider: St. Mary's Hospital - Clinic Phone: _____

Address: _____

Transition Plan Attached: ☐ Yes ☒ No

PERSONS IN ATTENDANCE

NAME	ROLE	AGENCY	PHONE
Maria	Mother	—	—
Angel	Child		
Bilingual Social Worker	Service Coordinator	Birth to three	
Linda S.	Co-Service Coordinator	BESP	
PT - Jim Smith	Physical Therapist	Easter Seals	
Sandy Jones	Home Teacher	DMR	
Rosa	Grand mother		

DESCRIPTION OF OUR CHILD

(This information can be gathered from parent report, formal assessment and observation.)

CURRENT HEALTH AND MEDICAL ISSUES - (includes vision, hearing, health, or special transportation needs): *Legally Blind - Cortically Visually Impaired. Frequent Colds. Needs transportation for Therapies.*

SOCIAL ABILITIES - (can include child's range of emotion, coping skills, interaction with people, tolerance for frustration, transition, self-awareness): *Maria reports that Angel needs to be held constantly, otherwise he will cry.*

GROSS MOTOR - (can include large movements, rolling, sitting, crawling, walking, stairclimbing, balance, body awareness, quality of movements, tone, motor planning):

Angel will roll and creep and needs support for sitting. Angel

** Angel is Flippy & has a difficult time holding his head up. PT. Reports Low tone.*

FINE MOTOR/PERCEPTUAL - (can include small movements, grasp, stacking, crayon skills, reflexes, integration of senses, fluidity of movements, motor planning, visual tracking):

He will hold small items & bring them to his mouth. Inconsistent Visual Response.

COMMUNICATION - (can include understanding and expressing needs or wants, following directions, child's gestures, sounds, words, how communication is used, spontaneity, quality of sound/voice, fluency, oral motor skills):

Family speaks to child in Spanish. He will smile when happy and cry when sad or in distress. Some vowels heard.

THINKING/COGNITIVE SKILLS - (can include memory, problem-solving, play skills, pretend, exploring, learning style, attention to task):

Maria says Angel plays with toys. He will mouth and bang toys when placed in his hands. He will listen to his mother and grandmother when they talk.

SELF-HELP/ADAPTIVE SKILLS - (can include suck/swallow, dressing, toileting, feeding, oral motor skills, sleeping patterns, eating habits, and safety issues):

Maria feeds Angel with a spoon. Angel enjoys his Bottle and taking a Bath. He allows Maria to dress & undress him without Fussing. When he has a cold, his sleeping is disturbed.

Our family strengths, resources, and concerns regarding our child's development:

Grandmother supports Maria in taking care of Angel. There are other relatives in the building that visit with Maria and Angel and will babysit. Maria is concerned he is not ⁽²⁾ walking or not seeing well.

TRANSITION: (for children who are three years of age and continue to need educational services, your town's public school system may meet these needs. To begin planning for this transition (should it be necessary), consider what your vision for services might be when your child is three years old. Transition services can become available when your child reaches the age of two.

Our expectation of services when our child is three years old:

1. **OUTCOMES:**

What we want;

We know there is progress if:

1. We want Angel to see Angel will reach for Toys + look at Maria's face
2. We want Angel to walk Angel walks around the Apartment.
3. We want Angel to Feed himself Angel picks up + eats a cracker

2. **OUR PLAN:** (In accordance with the Connecticut Birth To Three Initiative, to the maximum extent appropriate to the needs of the child, early intervention services must be provided in natural environments, including the home and community settings in which children without disabilities participate.)

Outcome #	Early Intervention Services	Who will do this	Start date	Stop date	How often	How long	Where	Paid by
1.	Vision	Linda S	Feb. 1993	6/1993	1 time	1 hr	Home	BESB
2	Physical Therapy	Jim Smith ~~Sandy Jones~~	2/1993	2/1994	1 week	1 hr	Easter Seals	BESB
3	Early Intervention	Sandy Jones	2/1993	2/1994	1 week	1 hr	Home	DMR

Other services or Help:

Paid by:

1. Transportation to Easter Seals for PT 1 X week provided by Easter Seals BESB
2. Need for evaluation because from Audiologist + ENT Medical Specialist because of Frequent cold. (3)

SUMMARY OF OUR EVALUATIONS

Appropriate information may include: health, developmental, and any specialty assessments.

Appropriate reasons for evaluation may include to test vision, hearing, neurological development, etc.

DATE:	EVALUATION	REASON FOR EVALUATION: (hearing, motor, etc.)	COMPLETED BY:	RESULTS
11/92	Vision	Visual difficulties as referred by Clinic	Newington Children's Eye Care	Cortical Visual Impairment
1/93	Physical Therapy	Concerned with Motor Development	Eabster Seals Jim Smith	Low tone Delayed motor Development
1/93	Developmental (Battelle)	Establish eligibility	Sandy Jones DMR	Developmental Delay According to Battelle ~~Overall~~ Overall 5 months (Dev. Age) (See report for specifics)
Ongoing	Medical Care	Frequent colds Well-child care	St. Mary's Clinic	

(5)

STEPS TRANSITION INTO PUBLIC SCHOOL SYSTEMS

Transition Plan Provisions

1. Provide information to parents about the transition process.
2. Send specified information to the Public School Board of Education with written consent from parent/guardian.
3. Provide information concerning parental rights and responsibilities (i.e., procedural safeguards) under IDEA (Individuals with Disabilities Education Act).
4. Identify, schedule, and conduct evaluations or assessments or procedures to determine eligibility for programs or services.
5. Secure Planning and Placement Team (PPT) meeting date from local board of education representative.
6. Convene PPT to identify child.
7. Identify program options for child based on results of evaluations or assessments or procedures above.
8. Identify and implement steps to assist the family in exploring available and eligible programs and services.
9. Discuss community program options for child and family.
10. Identify and implement steps to assist the family in accessing available and eligible programs and services.
11. Transmit specified information to other community programs with written consent from parents/guardians.
12. Identify and implement steps to help child adjust to and function in new environments.

Child's Name: Angel

Date Initiated	Date Completed	Person/Agency Responsible
<u>2/14/93</u>	<u> </u>	<u>Birth to three</u>
<u>2/18/93</u>	<u> </u>	<u>BESB</u>
<u>2/18/93</u>	<u> </u>	<u>Birth to three</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u>2/18/93</u>	<u> </u>	<u>BESB</u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>
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INSTITUTE VIII

**CULTURAL SENSITIVITY
INSTITUTE VIII - MILESTONE SCHOOL FOR CHILD DEVELOPMENT**

ID Number	Position	Highest Degree	Area of Certification	Formal Training with 0-3 Population	Years of Experience with 0-3 Population	Years of Experience in Your Field
36	Administrator	MS	Special Education	NO	10	12
37	Day Care Coordinator	AAS	Learning Disabilities	YES	7	7
38	Nurse	BS	Nursing	YES	6	15
39	Physical Therapist/ Administrator	BS	Physical Therapy	YES	15	15
40	Occupational Therapist	BS	Occupational Therapy	YES	3	9
41	Special Education Coordinator	MS	Special Education	NO	6	12
42	Speech Therapist	MS	Speech Therapy	NO	1	6
43	Physical Therapist	MS	Physical Therapy	YES	9	16

INSTITUTE VIII
MILESTONE SCHOOL FOR CHILD DEVELOPMENT
BROOKLYN, NY

ID #	PRE-TEST	POST-TEST	F / U POST-TEST
36	16%	56%	96%
37	12%	76%	96%
38	36%	100%	80%
39	44%	96%	100%
40	48%	76%	No follow-up data received.
41	32%	88%	100%
42	20%	92%	68%
43	16%	80%	96%
MEAN	28%	83%	91%

CULTURAL SENSITIVITY INSTITUTE

MILESTONE SELF RATING SCALE

INSTITUTE VIII

Question #	Pre Where I am	Post Where I am	Follow-up Where I am
1	1.6	3.3	4.2
2	1.6	3.3	4.2
3.1	1.1	2.5	4.2
3.2	1.8	3.1	4.3
3.3	1.8	3.0	4.3
4	2.5	2.6	4.3
5	1.5	2.6	3.8
6.1	1.8	3.5	3.7
6.2	1.8	3.5	3.7
6.3	1.5	3.5	3.7
6.4	1.7	3.5	3.7
6.5	1.7	3.5	3.7
6.6	1.6	3.5	3.7
6.7	1.8	3.5	3.7
7	1.8	3.1	3.8
8	1.6	3.3	3.8
9	1.7	3.5	3.8
10	1.7	3.3	3.8
11	1.3	2.6	3.8

KEY:

- 1 = Unfamiliar
- 2 = Awareness
- 3 = Knowledge
- 4 = Application
- 5 = Mastery

Mean scores across participants from INSTITUTE VIII for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.7
Topics Covered	4.5
Relevant Material	4.7
Adequate Illustration	4.3
Time Organized	4.1
Information Relevant to Work	4.3
Better Understanding of Subject	4.7
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	4.9
Presenter Easy to Listen to	4.9
Presenter Valued Input	4.8
Environment Comfort	4.3
Adequate Breaks	3.9
Good Group Size	4.8
Good Location	4.9
Good Day and Time	4.5

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE VIII - COMPLETED TASKS & LEVEL OF ASSISTANCE**

Participant ID Number	Protocol for Culturally Sensitive Service Delivery	Community Resource File	IFSP
36	X A	X A	X B
37	X A	X A	X B
38	X A	X A	X B
39	X A	X A	X C
40	X A	X A	X B
41	X A	X A	X C
42	X A	X A	X C
43	X A	X A	X B

KEY: X = Completed I = Incomplete A = Independently
 B = 2 group meetings & phone contact C = B & 2 individual meetings
 D = B & C and it needed to be redone!

Task #1

I stone School for Child Development
Brooklyn, NY

CS Institute
V111
11/20/92

Developing a Culturally Sensitive Protocol for Service Delivery.

Factors affecting service delivery: Language, Culture, Transportation, Insurance, Education, Pattern of Services, Past Experiences, Child Care, Scheduling, Lack of Bilingual, Bicultural professionals.

Things we can do to address the above:

1. Public awareness through community organizations .
2. Try to enable and empower families by allowing them to have more choices.
3. Choice of language.
4. Use extended family as advocates.
5. Training, Assistance and Supervision of all staff on issues of cultural sensitivity.
6. Be flexible.
7. Have staff that represent cultural group when possible.
8. Link services with the community.
9. Provide transportation and child care.
10. Respect and value differences.

Community Resource File

Name of Agency: HEAP

Address of Agency: N/A

Contact Person: N/A

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Investigates lack of
heat + hot water to apartments. Follows
up on complaints

Eligibility Criteria: Anyone who is renting an apartment
and is not getting heat or hot water on a
consistent basis

Fees: Free

Referral Procedure: Call by tenant

Phone # (212) 960-4800 (Public housing)
(718) 211-1400 - (Private rental)

Community Resource File

Name of Agency: Dept of Health - lead Screen
Reporting

Address of Agency: 125 Worth St New York, N.Y.

Contact Person: Mr. Tanner

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Accepts referral for children with
lead poisoning to follow through, to investigate
apartment + make repairs as indicated

Eligibility Criteria: Any child diagnosed with lead
poisoning

Fees: No cost

Referral Procedure: Professional or lay person can
make complaint

Phone # (212) 334-7737

Community Resource File

Name of Agency: Institute for Basic Research

Address of Agency: 1050 Forest Hill Road
Staten Island, NY 10314

Contact Person: Rochelle Friedman

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Neurological, behavioral,
genetic diagnostic procedures Genetic
counseling.

Eligibility Criteria: Any child in need of diagnosis or
thorough neurological work-up.

Fees: Medical insurance + medicaid accepted.
HIP patients require prior approval

Referral Procedure: Must be referred by medical professional
or social worker

Phone # (718) 494-0600

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Community Resource File

Name of Agency: Bushwick Home For Babies

Address of Agency: 1420 Bushwick Ave
BK/yn, N.Y.

Contact Person: Michael McNabb

Bilingual Staff: Yes: ✓ No:

Type of Services Provided: Public Assistance,
Counseling And Prenatal Care

Eligibility Criteria: Dependant on referral system based on
interview within the department

Fees: NONE

Referral Procedure: Interview only unless it is a
emergency, eviction. Then you would speak directly
to Michael McNabb

Phone # (718) 455-6010 or 455-8932

Community Resource File

Name of Agency: St. Mary's Hospital

Address of Agency: Bay side, New York

Contact Person: Bridget Turkin

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Home care + inpatient
rehabilitation for multiply handicapped
children Also respite care for short term
care for M H children

Eligibility Criteria: Multiply handicapped children who
have rehabilitation criteria or children too
ill to go out of home for services.

Fees: Medicaid / Medical insurance

Referral Procedure: Phone call to p contact person
by parent or professional to request services.

Phone # (718) 281-8800

Community Resource File

Name of Agency: Life Force Women Against Aids

Address of Agency: 165 Cadman Plaza E Room 201
Brooklyn, N.Y. 11201

Contact Person: Debra Williams

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: Aids counselling, education
legal services

Eligibility Criteria: Any one in need

Fees: free of charge

Referral Procedure: Call or written request

Phone # (718) 797-0937

Community Resource File

Name of Agency: N.Y. Eye + Ear Infirmary

Address of Agency: 2 Ave St + 14th St.

New York N.Y.

Contact Person: Sara Shippman

Bilingual Staff: Yes: ☒ No: ☐

Type of Services Provided: orthoptic evaluation for young children, predominantly children with muscular problems.

Eligibility Criteria: Medical insurance or medicaid

Fees: Sliding scale. accepts insurance

Referral Procedure: Call Sara Shippman to make appointment. Can speak to receptionist

Phone # (212) 979-4000

Community Resource File

Name of Agency: New York Hospital

Address of Agency: 525 East 68th St.

New York, N.Y.

Contact Person: N/A

Bilingual Staff:

Yes: ☒

No: ☐

Type of Services Provided: G.I. + endocrinology
clinics. Pediatric services

Eligibility Criteria: Child with appropriate medical
needs.

Fees: Insurance, medicaid or sliding scale

Referral Procedure: Requires call from parent or
professional to make appointment

Phone # (212) 746-7344 (G.I.)
746-3456 (Endocrinology)

Community Resource File

Name of Agency: RESOURCES FOR CHILDREN WITH
SPECIALS NEEDS, INC

Address of Agency: 200 Park Avenue South
(Suite 816) New York, N.Y. 10003

Contact Person: anyone

Bilingual Staff: Yes: ✓ No: ·

Type of Services Provided: info referral advocacy +
training center

Eligibility Criteria: birth - 21

Fees: none, sliding scale 0-\$50 contribution
upon consultation (voluntary)

Referral Procedure: Children w/ multiple disabilities
(including emotional, physical etc.)

Phone # (212) 677-4650
FAX (212) 254-4070

**Niños Especiales Outreach Training Project
IFSP TASK DEVELOPMENT CHECKLIST**

NAME: MILESTONE SCHOOL FOR CHILD DEVELOPMENT

IFSP Components	Incomplete	Complete
1. Statement of child's present levels of development		X
2. Statement of the family's concerns, priorities and resources relating to enhancing the child's development.		X
3. Statement of the major outcomes expected to be achieved for the child and family.		X
4. Short-term behavioral objectives for each major outcome that are written in operational terms and specify functional activities in which they occur.		X
5. The criteria, procedures and timelines for determining progress.		X
6. The specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency, and intensity of service.		X
7. The projected dates for initiation of services and expected duration.		X

Niños Especiales Outreach Training Project

IFSP TASK DEVELOPMENT CHECKLIST (Cont'd.)

IFSP Components	Incomplete	Complete
8. The name of the service coordinator who is responsible for the implementation of the plan and coordination with other agencies.		X
9. A transition plan for the delivery of special education services and related services in the child's next educational environment.		X
10. Statement of the Natural environments in which early intervention services shall appropriately be provided.	X	
11. Follows the spirit of the law in developing the IFSP (i.e., uses family interviews, gives family choices).		X

Joan, Joan Fran & Yvonne

Project LIFT
INDIVIDUALIZED FAMILY SERVICE PLAN

Date of Referral: _____
Beginning IFSP Date: 1/12/93
Review Dates: _____

Child's Name: Michael Anthony County of Residence: Brooklyn
Date of Birth: 11/11/91 School District: _____
Current Placement/Services: Homebound
Mother's Name: M. Diane Address: _____
Phone (home): _____ (work): housewife
Father's Name: Michael Anthony Address: _____
Phone (home): _____ (work): _____
Care Coordinator: Francine Warren Phone: _____
EEN/Diagnosis: other health impaired

Medical Information

Vision: blind (L) eye, severe myopia (R) eye Hearing: WNL
Medication: Proventil for asthma p.o.
Precautions: none

IFSP Committee	Date		Date
Parent(s): <u>mt</u>	_____	Nurse/Pediatrician: <u>Joan Russo</u>	<u>3/18/93</u>
Teacher: <u>Quenny Cohen</u>	_____	Social Worker: _____	_____
Therapist: <u>Francine Warren</u>	_____	Advocate: _____	_____
County: _____	_____	Other: _____	_____
Representative: _____	_____		
LEA Representative: _____	_____		

DEVELOPMENTAL HISTORY

Date:

1/12/93

Child's Name:

DOB: 11/11/91

Address:

Phone:

FAMILY COMPOSITION

Mother: Nadine

Father: Michael Anthony

Step Parent:

Foster Parent:

Other Children:

Name	Age
Christina	14
Lakeea	12
Snantaria	8
Ebony	13
Kazia	9

How are other child(ren) feeling towards Lita?

Others Living in Home:

None of these children live with them they are with their biological mothers.

Do you have family and friends close by that help and spend time with the children?

They have weekly visits and love him,

Grandparents, Relatives:

-- Cornelius & Ellen Green

They reside nearby and are very supportive

PREGNANCY

Pregnancy was normal ☒ problems

If problems, what kind: (please circle)

chronic disease viral infection

Rh incompatibility

vaginal bleeding toxemia

hypertension

trauma

other: stress, smoked

Complications

were the only other

- LICH clinic

BIRTH HISTORY

Child's weight: 11b 1002

Length of labor: under 12 hours

Special considerations: (please circle)

cesarian

premature (# of weeks): 32 weeks

breech

baby rotated

Rh negative

cord around neck

jaundiced

transfused

twin (1st born, 2nd born)

other Grade III IV bleed

Length of child's hospital stay: 3 mos

What was it like for you while your child was in the hospital?

Very difficult mom felt guilty and like she did something wrong

List any special cares that were needed (such as oxygen, incubator, tube feedings, surgery):

Mother felt that it was a beautiful experience
and how happy she was
All the above were used in the birth process

Now that your child is out of the hospital, how are you feeling about caring for him/her at home? About being a parent?

EARLY LIFE

Tell me about your child when he/she was an infant?
(How he/she first came home from the hospital.)

As a newborn my child was:

Crying incessantly, poor sleeping habits, lungs prob. (breathing asthma w/ medication). Feeding habits were very good.

Does ~~she~~ he have any developed routines for sleeping?

Sleep habits:

slept well

only at first he slept well
no naps ^{now} only when he feels like it.
slept restlessly hardly slept never napped
Currently he switches day for night,

Tell me about meal times for your child, is it pleasant or a difficult time?

Suggestion was made to switch naps they are too late.

Feeding habits:

ate well

difficulty sucking

difficulty swallowing

food allergies

other

no concerns

How do/did you feel during these first months?

Worried about how to handle it and nervous about disability.

MEDICAL HISTORY

Are there ongoing health concerns?

more info. (legal) about how Michael was handled at Brooklyn. They were concerned about a cut on the child's leg and the possibility of mal-
Has your child had: practice during birth

Any major illnesses? - Colds / congestion

Any hospitalizations? - hernia operation over-
night.

Are there any special things you've noticed that seem unusual or that concern you about your child?

History of ear infections?

If yes, how many?

colds / constant

Is your child receiving any medications? yes ☐ no ☒

If yes, please list:

He has been on Dimetapp for nasal / chest congestion.

HEARING

How does your child respond to sounds? Does he like or dislike certain sounds or voices, or types of music?

Do you feel your child has difficulty hearing? yes ☐ no ☒

If yes, are there certain situations where he/she responds better to auditory stimuli? *He listens to their stereo music.*

Has your child ever had a formal hearing evaluation?

yes ☐ no ☒

Where:

When:

Results:

check?

VISION

Are there any special things you've noticed about your child's response to light or the way he/she uses his/her eyes and vision?

Do you feel your child has any visual difficulties?

yes ☒ no ☐

Please describe:

legally blind left eye
Has he/she received a formal vision evaluation? check?

yes ☒ no ☐

Where: LICH clinic

When:

Results: must wear glasses all the time he is far-sighted. Mom will be sending

DEVELOPMENTAL MILESTONES Results

Tell me some of the things your baby can do.

At what age did your child first:

roll	8 months	say first word	13 months
sit	12 months	finger feed	10 months
walk	13 months	use spoon	9 months
drink from cup	13 months		

Do you have special concerns or questions about his/her development?

eye sight

CURRENT HABITS

My child currently:

sleeps/naps:

inconsistently

well

restlessly

eats/drinks:

at regular intervals
consistent amounts

at inconsistent intervals
inconsistent amounts

Comments:

climbing - is a problem.

HELPING OTHERS KNOW YOUR BABY

What are some of the ways he/she lets you know what he/she wants?

Crying and getting excited. He reaches for what he wants.

How do you know when he/she is happy? sad? scared? mad?

He Cries when he is frustrated or experiences discomfort

Does he like to be held or rocked?

Rocked. Mom is currently having separation problems with him.

What does he/she do when he/she falls or is hurt?

Cries. Mi

How does he/she respond to sitter? stranger?

Nobody but his family takes care of him.

My child gets around the room by:

Crawling

Please list any physicians, therapists, social workers, or other professionals working with your child.

Name

Agency

Title

L.I.C.H Clinic - pediatrician

Date: 1/20/93

ASSESSMENT INFORMATION
Speech-Language Evaluation

Child's Name: Michael Ballard

DOB: 11-11-91

Instrument (if any):

Initial Intake Evaluation 1/20/93
IFSP

Date Administered:

By Whom:

Francine Warren M.Sc, CCC, SLP

Informal observation
of child-mother interactions

STRENGTHS

NEEDS

- good parental support in attempting carry-over and care
- his mother is the primary caretaker so she can gain in the experience.
- Michael is actively exploring and motivated to interact w/ immediate environment
- Michael is responding well to social interactions

- develop interactive and appropriate play skills to further object concepts
- engage in mutual imitation of adult models increasing expressive skills.
- improve eye contact / visual attending w/ caregiver prompts - mirror activities
- develop localization skills to auditory presented stimuli.
(esp. since vis skills limited, legally blind in)

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Strengths/Needs Update

Date: 3/9/93

Michael now experiencing separation anxieties from his mother. We are having Mom come in during therapy sessions & assisting in 1st parent/child exchange

Date: January 12, 1993

ASSESSMENT INFORMATION

Child's Name: Michael Ballard

DOB: 11/11/91

Instrument (if any):

Informal Assessment
Hawaii Early Learning
Profile

Date Administered:

Jan. 12, 1993

By Whom:

Gwenn Cohen - Special Educator

STRENGTHS

- AS3 -
- Michael enjoys adults' talk and attention
 - He enjoys being handled, cuddled and held
 - Michael shows great interest in toys, objects and people

NEEDS

- Visual perceptual problems
- needs assistance with eye hand coordination and manipulative skills

Strengths/Needs Update

Date: _____

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Project LIFT

Date: January 12, 1993

~~Family~~ INFORMATION

Name: Nadine Ballard / Michael Heese (Father)

Instrument (if any):
Parent Needs Survey
Perception of Needs
and Resources Check
list

Date Administered:
Jan 12, 1993

By Whom: Wanda Robinson -
Open Arms Teacher / Teacher
Asst. Coordinator

STRENGTHS

High self esteem, also toward
family, family relationship,
fight bond with sisters,
grandparents. Michael also
has weekly visits with siblings.

NEEDS

Better housing, child care
Medical (Health Insurance)
Employment for Both parents,
Day care services for Baby Latha.

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Strengths/Needs Update

Date: Feb 12, 1993

Nadine and Michael continue to
receive support from family members.
Michael is also developing a great
support w/ grandparents. Family
also involved in Michael's Medical
and Educational Goals.

Nadine and Michael are still searching
for better housing. Have submitted applications
for larger apartments. Michael currently
working part time. Nadine continues to
look for employment. At present
time have not received Medical Coverage
Baby sitting Services. **Project LIFE**
Involved 1 grandparent, when needed.

Date: 1/12/93
 Updates: _____

INDIVIDUALIZED FAMILY SERVICE PLAN

Child: Michael Ballard

Area: Developmental Delays

*Other Health
 Impaired
 Diagnosis*

Present Level of Functioning	Outcomes (Who, What Help, Degree of Success)	Intervention/ Strategies/Materials	Timelines/Person Responsible		
			Initiation	Changed/ Achieved	Review Date/ Comments
Muscular hypertonicity.	Occupational therapy 2x/30 1:1		6/3/92		
Muscular hypertonicity	Physical therapy 2x/30 1:1		6/3/92		
Infant Stimulation for expressive and receptive delays	Speech therapy 2x/30 1:1	-mutual and parallel play	6/3/92		
Parent-Child Interaction and Stimulation program needed	Social Services Parent Workshops to be scheduled	-musical stim. w/ finger play games -single/multi-action toys			

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Date: _____

INDIVIDUALIZED FAMILY SERVICE PLAN

Family: Ballard, Michael

Nursing Intervention

Present Level of Functioning	Outcomes (Who, What Help, Degree of Success)	Intervention/ Strategies/Materials	Timelines/Person Responsible		
			Initiation	Changed/ Achieved	Review Date/ Comments
Blind (L) eye decreased vision (R) eye Parents concerned for child's development due to usual impairment	Referral to eye clinic at L.I.C.H. Child being followed for usual impairments at present	Child being worked up for possible surgical repair of (L) eye.	11/92		4/93
Parents concerned about child's head not growing at age appropriate rate. Overall medical concerns	To have parent referred to agency to coordinate all medical care with one coordinating agency	Refer parent + child to IBR in Staten Island, for comprehensive medical care	3/93		6/93
Parent concerned child has chronic URI, hosp. not concerned, refuses to medicate	Referral to school pediatrician	Michael given prescription for medication to alleviate congestion to use prn	2/93		6/93

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Project LIFT

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TRANSITION PLAN FORM FOR IFSP

Date	Plan of Operation	Who's Responsible	Timeline	Date Achieved
1/12/93	Family Assessment of Needs	Yvonne Robinson	1/93	ongoing
1/12/93	Developmental History Intake - Parental Interview	Francine Warren	1/93	2/93
1/20/93	Educational Evaluation	Gwen	1/93	3/93
1/20/93	Assess Health Needs / Information Source	Joan Russo	1/93	ongoing
2/23/93	Speech - Language Evaluation & Informal assessment of parent-child interactions to discuss goal	Francine Warren	2/93	3/93
499				500

TRANSITION PLAN RECORD

Sending Agency: Milstone School For Child Development Family: Nadine Ballard/Michael Date: January 12, 1993

Transition Event	Who	Where/How	Dates
Horsing - Partnership for Innovative Comprehensive Care Inc.	Sylvia M. Schmitz Exec. Director 4th Floor N.Y. N.Y. 10014 (212) 643-7193	contact by phone also sent letter from school.	January 13, - present
Job Resumes file	N.Y.C. Employment Office	Parents submitted applications currently checking in N.Y.C. Employment Office on weekly basis	January 13 - present
Visual limitation	DR. Deutsche 110 Remsen L.I.C.H. Clinic 1381 N.W. 11201 (305) 55-8400	Contact by phone, scheduled visit (appointment)	January 20, 1993
Support Group for Mom	Social Services of Milstone School (718) 537-5866	Mys scheduled twice a week when Michael comes in to school for therapy services.	Current

TRANSITION PLAN RECORD

Family: Nashua Ballard/Michael Date: Jan 12, 1993
 Sending Agency: Milwaukee School for Child Development

Transition Event	Who	Where/How	Dates
Development of baby and then steps of normalcy	School nurse Joan Russo (718) 837-5866	Mtys. scheduled twice a week when Michael comes in to school for therapy services	Jan 12 - currently

503

504

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INSTITUTE IX

**CULTURAL SENSITIVITY
INSTITUTE IX - EAST CONN**

ID Number	Position	Highest Degree	Area of Certification	Formal Training with 0-3 Population	Years of Experience with 0-3 Population	Years of Experience in Your Field
47	Early Childhood Special Education Administrator	Ph.D.	Early Childhood Special Education	YES	5	11
48	Early Childhood Special Education	MS	Early Childhood Special Education	YES	6	12
49	Speech Therapist	MA	Speech Therapy	YES	0	2
50	Transition Coordinator	MS	Early Childhood Special Education	YES	1.5	20
51	Resource Specialist			YES	1	1
52	Child Development Specialist	MS	Early Childhood Special Education	YES	16	16
53	Occupational Therapist	BS	Occupational Therapy	YES	35	35
54	Early Childhood Special Educator	Post Master	Early Childhood Special Education	YES	4	15
55	Resource Specialist	AD/LPN	Nursing	YES	7	7

INSTITUTE IX
EAST CONN, COLUMBIA, CT

ID #	PRE-TEST	POST-TEST
47	72%	84%
48	24%	72%
49	24%	72%
50	40%	84%
51	12%	72%
52	48%	88%
53	56%	92%
54	32%	72%
55	44%	88%
MEAN	39%	80%

CULTURAL SENSITIVITY INSTITUTE

EAST CONN SELF RATING SCALE

INSTITUTE IX

Question #	Pre Where I am	Post Where I am
1	3.4	3.8
2	3.2	3.7
3.1	2.6	3.1
3.2	2.8	3.4
3.3	2.4	3.5
4	2.4	3.8
5	2.2	3.1
6.1	2.3	3.7
6.2	2.3	3.4
6.3	2.3	3.7
6.4	2.1	3.7
6.5	2.4	3.7
6.6	2.5	3.7
6.7	2.4	3.7
7	2.1	3.7
8	2.0	3.8
9	2.5	3.5
10	2.2	3.5
11	2.5	3.0

KEY:

- 1 = Unfamiliar
- 2 = Awareness
- 3 = Knowledge
- 4 = Application
- 5 = Mastery

Mean scores across participants from INSTITUTE IX for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.5
Topics Covered	4.7
Relevant Material	4.7
Adequate Illustration	4.5
Time Organized	4.5
Information Relevant to Work	4.5
Better Understanding of Subject	4.6
Presenter Prepared	4.8
Presenter Knowledgeable	4.8
Presenter Used Activities	4.5
Presenter Easy to Listen to	4.5
Presenter Valued Input	4.6
Environment Comfort	4.6
Adequate Breaks	3.8
Good Group Size	4.5
Good Location	4.7
Good Day and Time	4.8

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE IX- COMPLETED TASKS & LEVEL OF ASSISTANCE**

Participant ID Number	Protocol for Culturally Sensitive Service Delivery	Community Resource File	IFSP
47	X	X	I
48	X	X	I
49	X	X	I
50	X	X	I
51	X	X	I
52	X	X	I
53	X	X	I
54	X	X	I

**KEY: X = Completed I = Incomplete A = Independently
B = 2 group meetings & phone contact C = B & 2 individual
meetings D = B & C and it needed to be redone!**

INSTITUTE IX (EAST CONN)

PROTOCOL FOR CULTURALLY SENSITIVE SERVICE DELIVERY

Factors affecting service delivery:

Language, transportation, cultural characteristics/beliefs, insurance, child care, past experiences, and lack of bilingual/bicultural professionals.

How can we address the above mentioned issues?

1. Availability of bilingual/bicultural professionals to assist with translations and as cultural guides for other professionals.
2. Provide transportation/child care and/or home based services.
3. Learn another language ie: Spanish.
4. Be flexible.
5. Be supportive.
6. Listen to what families have to say.
7. Be knowledgeable of community resources.
8. Respect family priorities.
9. Include extended family in intervention.
10. Be aware and respect cultural differences as well as similarities.

* Spanish speaking staff

Resources

* USMHS: Individual and family therapy, 24 hour crisis intervention, referrals, groups 456-2261

NORTHEAST CONNECTICUT ALCOHOL COUNCIL: Substance abuse prevention, education, counseling 456-3215

HARTFORD DISPENSARY: Methadone clinic 456-7990

* NEW PERCEPTIONS: Substance abuse education and treatment programs, AIDS education 450-0151

(Interpreters) WIC: Nutrition education and counseling, food for pregnant and lactating women and children up to age 5 423-1012

PEDIATRIC CLINIC: For children up to age 5 423-1651

PLANNED PARENTHOOD: Women's health and family planning, contraceptives and STD testing 423-8426

* WACAP HEALTH CLINIC: By appointment, for low income individuals 456-7369

* PRENATAL CLINIC: Prenatal care, genetic counseling, social work referrals 423-9201

INFO-LINE: Information and referrals 456-8886

PROP: Counseling, advocacy, referrals 423-8476
provide interpreters

GENERAL ASSISTANCE: Town of Windham Social Services; emergency assistance; income maintenance for men or women without children; temporary assistance for AFDC applicants with pending status 423-1659

NEAC: Food, support, referrals *touch non-specific services re - feed dog* 423-2539

ST. PAUL'S SOUP KITCHEN AND FOOD PANTRY: Free noon meals and temporary food relief 423-1643

ENERGY ASSISTANCE: Utilities, fuel 423-4926

WAIM'S CLOTHES DEPOT: Free clothes after 12/1 456-7270

* CATHOLIC CHARITIES: Emergency help, counseling 423-7065

* DIM PROGRAMS: AFDC, Medicaid, Food Stamps, Job Connection, related services (transportation) 456-1711

* WRCC PROGRAMS: WYSB, AIDS Program, Windham Heights Community Center, etc. 423-4534

DIAL-A-RIDE: Transportation to med appts / school 456-1462

CONNECTICUT LEGAL SERVICES: Legal assistance 456-1765

Natural Valley - local visiting nurse
run a well baby clinic

*women that
have child
younger
than 3*

INSTITUTE X

**CULTURAL SENSITIVITY
INSTITUTE X - EASTER SEAL**

ID Number	Position	Highest Degree	Area of Certification	Formal Training with 0-3 Population	Years of Experience with 0-3 Population	Years of Experience in Your Field
59	OT	BS	OT	N	3 MONTHS	3 MONTHS
60	PT	BS	PT	Y	12.5	12.5
61	ECSE	MS	ECSE	Y	6	6
62	PT ASST.	AS	PT	N	0	7.5
63	PT	BS	PT	N	3	3

515

516

INSTITUTE X
EASTER SEAL REHAB. CENTER
NEW HAVEN, CT

ID #	PRE-TEST	POST-TEST
59	16%	72%
60	16%	N/A
61	39%	N/A
62	4%	80%
63	24%	76%
MEAN	20%	76%

CULTURAL SENSITIVITY INSTITUTE

EASTER SEAL SELF RATING SCALE

Question #	Pre Where I am	Post Where I am
1	2.40	3.00
2	2.00	3.40
3.1	1.80	3.40
3.2	1.80	3.40
3.3	1.60	3.40
4	1.60	3.20
5	1.60	2.60
6.1	2.20	3.60
6.2	2.20	3.60
6.3	2.20	3.40
6.4	2.20	3.60
6.5	2.20	3.60
6.6	2.20	3.40
6.7	2.20	3.60
7	2.00	3.40
8	2.00	3.60
9	2.40	3.40
10	2.00	3.40
11	2.40	2.80

KEY:

- 1 = Unfamillar
- 2 = Awareness
- 3 = Knowledge
- 4 = Application
- 5 = Mastery

Mean scores across participants from INSTITUTE X for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.4
Topics Covered	4.5
Relevant Material	4.8
Adequate Illustration	4.6
Time Organized	4.8
Information Relevant to Work	5.0
Better Understanding of Subject	4.8
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	5.0
Presenter Easy to Listen to	5.0
Presenter Valued Input	5.0
Environment Comfort	4.6
Adequate Breaks	4.4
Good Group Size	5.0
Good Location	4.6
Good Day and Time	4.6

*Participants rated on a Liekart Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE X - COMPLETED TASKS & LEVEL OF ASSISTANCE**

Participant ID Number	Protocol for Culturally Sensitive Service Delivery	Community Resource File	IFSP
59	X	I	I
60	X	I	I
61	X	I	I
62	X	I	I
63	X	I	I

**KEY: X = Completed I = Incomplete A = Independently
B = 2 group meetings & phone contact C = B & 2 individual
meetings D = B & C and it needed to be redone!**

*** Three out of the five participants have left the program;
other two decided not to complete the last two tasks.**

INSTITUTE X (EASTER SEAL)

PROTOCOL FOR CULTURALLY SENSITIVE SERVICE DELIVERY

Factors affecting service delivery:

Transportation, language, insurance, cultural characteristics/beliefs & values, child care, education, and lack of bilingual/bicultural professionals.

How can we address the above mentioned issues?

1. Provide transportation and/or home based services.
2. Have information translated into families' preferred language.
3. Include extended family in intervention.
4. Learn about cultural characteristics before meeting the family.
5. Avoid using technical language.
6. Educate families about services ie: What is PT? OT?, Speech?, etc.
7. Link with community agencies for translations and cultural guides. Use community agencies already providing services to different ethnic groups for information on different cultural groups.
8. Be flexible.
9. Be aware and respect family values, beliefs and priorities.

INSTITUTE XI

**CULTURAL SENSITIVITY
INSTITUTE XI -HASC**

ID Number	Position	Highest Degree	Area of Certification	Formal Training with 0-3 Population	Years of Experience with 0-3 Population	Years of Experience in Your Field
67	SPEECH THERAPIST	MA	SPEECH	YES	7	20
68	TEACHER ASST.	BA	N/A	NO	7	7
69	ECSE	MS	ELEM. ED.	YES	4	15
70	ECSE	MS	ECSE	YES	4	9.5
71	SPEECH THERAPIST	MA	SPEECH	YES	5	13
72	SOCIAL WORK	MSW	SW	YES	10	17
73	ECSE	MEd	ECSE	YES	6	9
74	ECSE	BA	ECSE	YES	2.5	2.5

**INSTITUTE XI
HEBREW ACADEMY FOR SPECIAL CHILDREN (HASC)
WOODMERE, NY**

ID#	PRE-TEST	POST-TEST
67	28%	80%
68	20%	68%
69	32%	80%
70	32%	84%
71	16%	68%
72	60%	96%
73	40%	92%
74	28%	76%
MEAN	32%	80%

CULTURAL SENSITIVITY INSTITUTE

HASC SELF RATING SCALE

Question #	Pre Where I am	Post Where I am
1	2.1	3.5
2	2.0	3.5
3.1	1.7	3.3
3.2	1.9	3.3
3.3	1.4	3.7
4	1.2	3.6
5	1.5	2.8
6.1	1.9	3.6
6.2	2.0	3.6
6.3	1.4	3.8
6.4	2.00	3.9
6.5	1.8	3.8
6.6	1.8	3.9
6.7	1.9	3.8
7	1.6	3.9
8	1.7	3.9
9	2.0	4.0
10	2.0	3.8
11	1.4	3.8

KEY:
1 = Unfamiliar
2 = Awareness
3 = Knowledge
4 = Application
5 = Mastery

Mean scores across participants from INSTITUTE XI for each item on the consumer satisfaction survey.

ITEM	Mean Scores
Objectives Met	4.5
Topics Covered	4.6
Relevant Material	4.6
Adequate Illustration	5.0
Time Organized	4.6
Information Relevant to Work	4.6
Better Understanding of Subject	4.5
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	4.8
Presenter Easy to Listen to	5.0
Presenter Valued Input	5.0
Environment Comfort	4.3
Adequate Breaks	4.3
Good Group Size	5.0
Good Location	5.0
Good Day and Time	4.6

*Participants rated on a Likert Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the Institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE XI- COMPLETED TASKS & LEVEL OF ASSISTANCE**

Participant ID Number	Protocol for Culturally Sensitive Service Delivery	Community Resource File	IFSP
67	X	X	X
68	X	X	X
69	X	X	X
70	X	X	X
71	X	X	X
72	X	X	X
73	X	X	X
74	X	X	X

KEY: X = Completed I = Incomplete A = Independently
B = 2 group meetings & phone contact C = B & 2 individual meetings
D = B & C and it needed to be redone!

INSTITUTE XII (HASC)

PROTOCOL FOR CULTURALLY SENSITIVE SERVICE DELIVERY

Factors affecting service delivery:

Language, cultural characteristics/beliefs & values, patterns of service delivery, readiness, knowledge and availability of families to access services related to where they live, insurance, transportation, education, lack of bilingual/bicultural professionals, lack of trust and past experiences.

How can we address the above mentioned issues?

1. Educate family on service delivery system.
2. Enable & empower families taking into consideration cultural beliefs and values.
3. Be knowledgeable of community resources.
4. Creatively utilize resources.
5. Be flexible.
6. Be supportive.
7. Establish trusting relationship with families.
8. Include extended family in intervention when appropriate.
9. Be open minded.
10. Be aware and respect differences as well as similarities.

COMMUNITY RESOURCE FILE

Name of Agency: South Shore Child Guidance Center

Address of Agency: 17 W. Merrick Rd Tarrytown
11520

Contact Person: _____

Bilingual Staff: Yes X No _____

Type of Services Provided: Counseling services provided
for adjustment psychiatric children preschool-21
Special Early Childhood Assessment
Program At-Risk for children + families
Counseling for families with disabled children

Eligibility Criteria: live in South central-west
Nassau

Fees: Sliding Scale

Referral Procedure: Fill out application
and phone

Phone# (516) 868-3030

COMMUNITY RESOURCE FILE

Name of Agency: Nassau Center - Project Growth

Address of Agency: Nassau Center 72 S. Woods Rd
Spursett - Woodbury 11797

Contact Person: _____

Bilingual Staff: Yes X No _____

Type of Services Provided: Comprehensive Early
Intervention Program

Eligibility Criteria: Child has to be evaluated.

Fees: none

Referral Procedure: _____

Phone# (516) 921-7650

COMMUNITY RESOURCE FILE

Name of Agency: Circulo ^{Latino} Hispanico

Address of Agency: 62 W. Park Ave
Long Beach NY 11561

Contact Person: Selenia

Bilingual Staff: Yes X No

Type of Services Provided: Homeless - Rehab.
Employment Counseling social
service assistance

Eligibility Criteria: all services available
to all Latinos

Fees: no fee

Referral Procedure: friends, social service

Phone# (516) 889-3869

COMMUNITY RESOURCE FILE

Name of Agency: Queens Developmental Services

Address of Agency: #1 Unit - Hillside Unit Primary
Hillside Complex 80-45 W. 145th Blvd Bldg #1 Queens Village, NY
Contact Person: Berna LaForteza / Marissa Ejos ¹⁻⁴²⁷

Bilingual Staff: Yes ☒ No ☐

Type of Services Provided: In home respite services,
Family Support Services for families
with a disabled family member

Eligibility Criteria: Needs tested -

Fees: Needs tested

Referral Procedure: Call Ms. LaForteza
Intake Coordinator

Phone# (718) 217-6615

COMMUNITY RESOURCE FILE

Name of Agency: EOC - Displaced Homemakers
Multi Service Center

Address of Agency: 100 Main St Hempstead NY 11550

Contact Person: _____

Bilingual Staff: Yes X No _____

Type of Services Provided: employment counseling,
build confidence for transition into
job market, higher education

Eligibility Criteria: Latino - backgrounds
African American backgrounds take
all groups

Fees: Sliding scale - usually reduced
income for single parents.

Referral Procedure: Word of mouth

Phone# (516) 481-2103

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COMMUNITY RESOURCE FILE

Name of Agency: Peninsula Counseling Center

Address of Agency: 124 Franklin Pl.
Woodmere, N.Y. 11598

Contact Person: _____

Bilingual Staff: Yes ☒ No _____
(counselors)

Type of Services Provided: Tutoring, Counseling (alcoholism,
phobias, marriage, bereavement, etc).

Eligibility Criteria: _____

Fees: Sliding scale. Insurance accepted

Referral Procedure: _____

Phone# (516) 569-6600

**Niños Especiales Outreach Training Project
IFSP TASK DEVELOPMENT CHECKLIST**

PROGRAM/AGENCY: HASC

IFSP Components	Incomplete	Complete
1. Statement of child's present levels of development		X
2. Statement of the family's concerns, priorities and resources relating to enhancing the child's development.		X
3. Statement of the major outcomes expected to be achieved for the child and family.		X
4. Short-term behavioral objectives for each major outcome that are written in operational terms and specify functional activities in which they occur.		X
5. The criteria, procedures and timelines for determining progress.		X
6. The specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency, and intensity of service.		X
7. The projected dates for initiation of services and expected duration.		X

Niños Especiales Outreach Training Project

IFSP TASK DEVELOPMENT CHECKLIST (Cont'd.)

IFSP Components	Incomplete	Complete
8. The name of the service coordinator who is responsible for the implementation of the plan and coordination with other agencies.		X
9. A transition plan for the delivery of special education services and related services in the child's next educational environment.	X	
10. Statement of the Natural environments in which early intervention services shall appropriately be provided.	X	
11. Follows the spirit of the law in developing the IFSP (i.e., uses family interviews, gives family choices).		X

Individualized Family Service Plan (IFSP)

Child's Name: Daniel A.

Birthdate: 7/24/92 Age: 11 months

Developmental Levels:

<u><2</u> months	Fine Motor	<u><2</u> months	Gross Motor
<u><2</u> months	Cognitive	<u><2</u> months	Language
<u><2</u> months	Self-Help	<u><6</u> months	Social/Emotional

Child Strengths and Needs:

Daniel is a friendly and sociable youngster. He responds well to his parents and tolerates positioning and handling. Despite feeding problems, Daniel has doubled his weight since birth. He is aware of sounds and is easily comforted.

Daniel has a seizure disorder and takes multiple medications. He has global developmental delays as a result of brain damage. Daniel has areas of his body that are too tight and areas that are floppy, which interfere with all body movements. He appears to have problems with breathing, swallowing, and digesting.

Child's Name: _____

Family Strengths and Needs: Concerns, Priorities & Resources

Daniel's mother is expecting a new baby in July. His parents are concerned about how they will care for Daniel and a newborn. Both parents have requested help in learning how to handle Daniel, position him and feed him both by bottle and solid foods. The parents are concerned that sibling Manny has limited opportunities to play with other children (arranging for play time after school). The family has severe financial concerns and have requested help in obtaining any benefits entitled to Daniel.

Daniel's family have a support system in their extended family (aunts, uncles, grandparents). The family is very nurturing towards Daniel. Daniel's family is strongly involved in the Pentecostal religion. The family receives S.S.I. Little Manny attends nursery school 3 mornings a week.

Outcomes:

1. Parents want to receive help in positioning and handling Daniel.
2. Parents want to receive help in feeding Daniel.
3. Explore the possibility of getting a home health aide to assist the family.
4. Explore after school opportunities for Manny to play with other children.
5. Explore benefits which Daniel and his family are entitled to.
6. Parents want to receive assistance in helping Daniel to learn.

Child's Name: _____

Outcome: # 1

Parents want to receive help in positioning and handling Daniel.

Strategies/Activities:

1. Barbara Bezalel will provide physical therapy services for Daniel in his home once a week beginning next week, to help him with his body movements.
2. Danielle Hingher will provide occupational therapy services for Daniel in his home once a week, beginning next week, to help him with his body movements.

Criteria/Timelines:

Clinical observation will be used to judge Daniel's progress. Each therapist will do an evaluation every 6 months with the parents.

Child's Name: _____

Outcome: #2

Parents want to receive help in feeding Daniel.

Strategies/Activities:

Speech and Language Therapist Gail Bender will provide support with feeding techniques and oro motor postures during therapy once a week, beginning next week, with Daniel at his home.

Criteria/Timelines:

Clinical observation will be used to judge Daniel's progress. Therapist will do an evaluation every 6 months with the parents.

Child's Name: _____

Outcome: # 3

Explore the possibility of getting a home health aide to assist the family.

Strategies/Activities:

Social worker Jeri Mendelsohn will provide phone numbers to parents regarding home health assistance.

Criteria/Timelines:

Social worker Jeri Mendelsohn will be in frequent contact with Daniel's parents providing information and support.

Child's Name: _____

Outcome: # 4

Explore after school opportunities for Manny to play with other children.

Strategies/Activities:

Parents will contact families of Manny's classmates to try and arrange play dates.

Criteria/Timelines:

Manny will have an opportunity to play with age-mates at least once a week.

Child's Name: _____

Outcome: # 5

Explore benefits which Daniel and his family are entitled to.

Strategies/Activities:

Social worker Jeri Mendelsohn will provide phone numbers to parents regarding benefits information.

Criteria/Timelines:

Jeri Mendelsohn will be in frequent contact with Daniel's parents providing information and support.

Child's Name: _____

Outcome: # 6

Parents want to receive assistance in helping Daniel to learn.

Strategies/Activities:

Special education teacher Laurie Woods will work with Daniel in his home once a week, beginning next week, to help him react to/explore objects and people in his environment.

Criteria/Timelines:

Clinical observation will be used to judge Daniel's progress. Special education teacher will do an evaluation every 6 months with the parents.

Child's Name: _____

Outcome: # 6

Parents want to receive assistance in helping Daniel to learn.

Strategies/Activities:

Special education teacher Laurie Woods will work with Daniel in his home once a week, beginning next week, to help him react to/explore objects and people in his environment.

Criteria/Timelines:

Clinical observation will be used to judge Daniel's progress. Special education teacher will do an evaluation every 6 months with the parents.

Child's Name: _____

Notes on the IFSP Process:

The A. family is a highly motivated family who has actively sought the services Daniel needs.

INSTITUTE XII

**CULTURAL SENSITIVITY
INSTITUTE XII - HOWARD BEACH**

ID Number	Position	Highest Degree	Area of Certification	Formal Training with 0-3 Population	Years of Experience with 0-3 Population	Years of Experience in Your Field
78	TEACHER ASST.	HS	N/A	NO	2	2
79	ECSE	BS	SPEC. ED.	YES	2.5	3.5
80	SPEECH PATH.	MS	SPEECH	NO	1	5
81	PSYCHOLOGIST	Ph.D	PSYCHOLOGY	YES	11	11
82	PT	MA	PT	NO	5	9
83	ADMINISTRATOR	MA	SPEC. ED & ADMIN.	YES	10	13
84	ECSE	MS	SPEC.ED.	YES	1.5	1.5
85	SOCIAL WORKER	MSW	SOCIAL WORK	YES	1	9
86	SPEECH PATH.	MS	SPEECH	NO	9	9
87	SOCIAL WORKER	MSW	SOCIAL WORK	YES	6 MONTHS	5
88	TEACHER ASST.	HS	N/A	NO	3	3
89	TEACHER ASST.	BA	ELEM. ED.	NO	4 MONTHS	4 MONTHS

**INSTITUTE XII
FIRST STEP HOWARD BEACH
QUEENS, NY**

ID #	PRE-TEST	POST-TEST	F/U POST-TEST
78	12%	68%	52%
79	44%	92%	100%
80	16%	56%	100%
81	52%	100%	100%
82	28%	100%	64%
83	36%	100%	100%
84	20%	92%	80%
85	52%	92%	96%
86	20%	84%	100%
87	32%	84%	76%
88	8%	58%	88%
89	20%	92%	84%
MEAN	28%	84%	88%

CULTURAL SENSITIVITY INSTITUTE

FIRST STEP HOWARD BEACH SELF RATING SCALE

Question #	Pre Where I am	Post Where I am	Follow-up Where I am
1	1.7	3.2	3.4
2	2.0	3.4	3.8
3.1	1.6	3.0	3.5
3.2	1.8	3.1	3.6
3.3	1.7	3.1	3.6
4	1.8	3.1	3.1
5	1.4	3.3	3.4
6.1	1.9	3.3	3.5
6.2	1.7	3.4	3.5
6.3	1.9	3.4	3.6
6.4	1.8	3.4	3.4
6.5	1.7	3.4	3.6
6.6	1.7	3.4	3.4
6.7	1.7	3.4	3.4
7	1.5	3.4	3.1
8	1.6	3.6	3.5
9	1.8	3.4	3.4
10	1.6	3.3	3.4
11	1.6	3.0	3.2

KEY:

- 1 = Unfamiliar
- 2 = Awareness
- 3 = Knowledge
- 4 = Application
- 5 = Mastery

Mean scores across participants from INSTITUTE XII for each item on the consumer satisfaction survey .

ITEM	Mean Scores
Objectives Met	4.5
Topics Covered	4.5
Relevant Material	4.8
Adequate Illustration	4.8
Time Organized	4.4
Information Relevant to Work	4.7
Better Understanding of Subject	4.8
Presenter Prepared	5.0
Presenter Knowledgeable	5.0
Presenter Used Activities	4.7
Presenter Easy to Listen to	4.8
Presenter Valued Input	5.0
Environment Comfort	4.5
Adequate Breaks	4.0
Good Group Size	4.3
Good Location	4.8
Good Day and Time	4.0

*Participants rated on a Likert Scale (1=Strongly Disagree - 5=Strongly Agree) their satisfaction with the institute.

**CULTURAL SENSITIVITY INSTITUTE
INSTITUTE XII- COMPLETED TASKS & LEVEL OF ASSISTANCE**

Participant ID Number	Protocol for Culturally Sensitive Service Delivery	Community Resource File	IFSP
78	X	X	X B
79	X	X	X B
80	X	X	X B
81	X	X	X B
82	X	X	X B
83	X	X	X B
84	X	X	X B
85	X	X	X B
86	X	X	X B
87	X	X	X B
88	X	X	X B
89	X	X	X B

KEY: X = Completed I = Incomplete A = Independently B = 2 group
meetings & phone contact C = B & 2 individual meetings D
= B & C and it needed to be redone!

Culturally Sensitive Protocol for Service Delivery
Task #1
First Step School, Howard Beach, NY

Barriers to effective service delivery for families from different cultural backgrounds include some of the following:

1. Language: especially the use of technical jargon, lack of trained bilingual, bicultural staff, improper use of interpreters and cultural variations in non verbal communication.
2. Service delivery systems (hospital, clinics, schools, board of education) are not truly family driven and still follow a medical model.
3. Parents "fear" of the system. Not familiar with our system!
4. Lack of flexibility on part of program: especially concerning time and scheduling of appointments.
5. Cultural differences especially concerning medicine, child rearing and education.
6. Lack of financial resources.
7. Transportation and child care

We suggest the following strategies: Cultural sensitivity training for all staff members. Involving parents in all facets of program development and implementation. Coordination with city wide agencies and other community agencies through our community resource file.

Community Resource File

Name of Agency: HISPANIC AMERICAN EDUCATIONAL RESOURCES, INC.

Address of Agency: 545 8th Avenue, 11th floor
New York, NY 10018

Contact Person: Norma Santon

Bilingual Staff: Yes: X No: Spanish

Type of Services Provided: word processing program for dislocated workers and
who have children under the age of 6 in Washington Heights

Eligibility Criteria: need to have a high school diploma, type 40 words a minute,
been laved off of work or plant closed up or merge of company

Fees: no fee

Referral Procedure: must call and make an appointment , take a math,
vocabulary and typing test. will be interviewing 14 applicants in June, 93

Phone # (212) 594-7640

Community Resource File

Name of Agency: IMMIGRATION ADVOCACY SERVICES

Address of Agency: 2542 Steinway Street

Astoria, New York

Contact Person: _____

Bilingual Staff: Yes: y No: _____ English, Greek, Italian, Spanish

Type of Services Provided: Assistance to fill out any immigration applications,
applications for citizenship and green cards and all immigration forms.

Eligibility Criteria: anyone who is not a US citizen

Fees: no consultation fee--fees vary according to service provided

Referral Procedure: call for appointment

Phone # (718) 956-8218

Community Resource File

Name of Agency: The Pediatric Asthma Center/Booth Memorial Medical Center

Address of Agency: 56-45 Main Street

Flushing, NY 11355

Contact Person: Kathy Gander (* Nancy Friend)

Bilingual Staff: Yes: X No: *there are hospital staff who
speak Spanish--ATT-phone interpreter

Type of Services Provided: orientation; chest, x-ray, blood work, follow-up, teach
breathalator

Dr. Jabbar in charge; Dennis DePass teaches how to use sprays/machines

Eligibility Criteria: take all insurance and medicaid--do not take CHI or HIP

Fees: Initial visit \$200--if incl. training, \$235 and follow up visits=\$75

or follow up visit with training=\$100

Referral Procedure: call

Phone # (718)

Community Resource File

Name of Agency: CORONA-ELMHURST FAMILY DEVELOPMENT CENTER

Address of Agency: 37-22 82nd Street

Jackson Heights, NY 11372

Contact Person: Tom Cocks

Bilingual Staff: Yes: X No: Spanish

Type of Services Provided: Family counseling, advocacy and planning to families
and their children under the age of 18 years old--parent support group & training

Eligibility Criteria: Anyone who has children under the age of 18, pregnant women

Fees: Free

Referral Procedure: Parents can refer themselves--phone calls and walk ins

Phone # (718) 507-0700

**evening hours for working parents

Community Resource File

Name of Agency: CHINESE AMERICAN PLANNING COUNCIL

Address of Agency: 135-21 40th Road, 2nd floor

Flushing, NY ; 136-26 37th Ave., Flushing, NY 11354

Contact Person: Sandy Dang

Bilingual Staff: Yes: X No: Korean; Mandarin; Cantonese

Type of Services Provided: Asian Parents of Disabled Children--

mostly mentally disabled/ MR--entitlements, provide counseling/

support groups (in process of expanding 5/93)

Eligibility Criteria: must live in Queens; Doctor percription stating person

needs help/psychiatric

Fees: no fee -- free

Referral Procedure: can refer families but need doctor's note and/or psychiatric

evaluation stating person in need of these services as per their

funding requirements

Phone # (718) 358-8916

Community Resource File

Name of Agency: CARRIBEAN WOMEN'S HEALTH ASSOCIATION

Address of Agency: 1600 Central Avenue, Far Rockaway
2725 Church Avenue, Brooklyn 11226

Contact Person: Dr. Chantal Turnier

Bilingual Staff: Yes: X No: Spanish

Type of Services Provided: Referral services for social services; prescreening
for entitlements, H.I.V. counseling, HIV adolescents and families; Community
Health Worker program--screen--assist with applications

Eligibility Criteria: No fee except for immigration services---
no criteria--walk-in service

Fees: varies for immigration needs--no fee for other services

Referral Procedure: Walk-in service--can also call ahead
Mon-Fri=10-6; Sat=11-3

Phone # (718) 868-4746 Far Rockaway

718 826-2942 Brooklyn
718 468-8025 Queens

immigration services only in Brooklyn

Community Resource File

Name of Agency: WOODSIDE FAMILY DEVELOPMENT CENTER

Address of Agency: 58-13 41st Avenue

Woodside, NY 11377

Contact Person: Anne Hart

Bilingual Staff: Yes: X No: Spanish

Type of Services Provided: Family counseling for families with children under the age
of 18. case management; parenting skills; summer recreation program

Eligibility Criteria: at risk families

Fees: no fee

Referral Procedure: parents call themselves

Phone # (718) 803-2000

evening hours; m-thur 9-9 pm

Community Resource File

Name of Agency: Haitian Coalition on AIDS

Address of Agency: 50 Court Street

Brooklyn, New York 11201

Contact Person: Marie Pierre Louis

Bilingual Staff: Yes: x No: French Creole

Type of Services Provided:

Eligibility Criteria:

Fees:

Referral Procedure: call into a telephone answering machine and they
will return call

Phone # (718) 855-0972

Community Resource File

Name of Agency: National Congress of Neighborhood Women

Address of Agency: 249 Manhattan Avenue, Brooklyn, NY 11211

Site 2--Spanish speaking

Contact Person: _____

Bilingual Staff: Yes: X No: _____ Spanish

Type of Services Provided: Assists low income women in their efforts to
become personally, politically and economically sufficient; community
development approach-----Site 2 Spanish speaking/GED, education, employment
welfare, peer support

Eligibility Criteria: must be 18+----Brooklyn resident

Fees: \$10.00 per year

Referral Procedure: call in, walk in, write

Phone # (718) 388-3666

Community Resource File

Name of Agency: Korean American Association for Parents

Address of Agency: _____

Contact Person: Myoung Ja Lee

Bilingual Staff: Yes: X No: _____

Type of Services Provided: Referral and information for Korean families, physically
handicapped, MR and MH. Children and adults; teaches participation in
American society

Eligibility Criteria: _____

Fees: _____

Referral Procedure: call directly

Phone # (718) 423-3726

Community Resource File

Name of Agency: Chinese-American Planning Council (CAPC)

Address of Agency: _____

Contact Person: Amy Wu

Bilingual Staff: Yes: x No: _____

Type of Services Provided: to meet needs of Asian families with developmentally
disabled/delayed member. Education, counseling, help with entitlements
and personal problems; also assists in translating; co-ordinates with
other services; has guide to services in Chinese

Eligibility Criteria: for families with developmentally delayed/disabled member

Fees: _____

Referral Procedure: families can call directly

Phone # (718) 358-8899

Community Resource File

Name of Agency: La Nueva Raza Institute, Inc.

Address of Agency: 39-21 Crescent St.

Long Island City, NY 11101

Contact Person: _____

Bilingual Staff: Yes: X No: _____

Type of Services Provided: counseling (general and specialty) individuals/
families with drug related concerns to assess type of service needed,
assist with problem solving

Eligibility Criteria: 12-21 serves substance abuser and potential substance abuser

Fees: sliding scale depends on income---minimum \$5.00 intake fee

Referral Procedure: courts, D.A., office, schools, self

Phone # (718) 786-4477

Community Resource File

Name of Agency: Circulo La Hispanidad

Address of Agency: 54 West Park Avenue

Long Beach, NY 11561

Contact Person: Gil Bernardino

Bilingual Staff: Yes: X No: Spanish

Type of Services Provided: Services for abused women, homeless families,
afterschool programs, summer camp

Eligibility Criteria: everyone can participate in services

Fees: no fees except for summer camp which is \$150.

Referral Procedure: call

Phone # (516) 889-3831

**Niños Especiales Outreach Training Project
IFSP TASK DEVELOPMENT CHECKLIST**

NAME: FIRST STEP

DATE: _____

PROGRAM/AGENCY: HOWARD BEACH

IFSP Components	Incomplete	Complete
1. Statement of child's present levels of development		X
2. Statement of the family's concerns, priorities and resources relating to enhancing the child's development.		X
3. Statement of the major outcomes expected to be achieved for the child and family.		X
4. Short-term behavioral objectives for each major outcome that are written in operational terms and specify functional activities in which they occur.		X
5. The criteria, procedures and timelines for determining progress.		X
6. The specific early intervention services necessary to meet the unique needs of the child and family including the method, frequency, and intensity of service.		X
7. The projected dates for initiation of services and expected duration.		X

Niños Especiales Outreach Training Project

IFSP TASK DEVELOPMENT CHECKLIST (Cont'd.)

IFSP Components	Incomplete	Complete
8. The name of the service coordinator who is responsible for the implementation of the plan and coordination with other agencies.		X
9. A transition plan for the delivery of special education services and related services in the child's next educational environment.		X
10. Statement of the Natural environments in which early intervention services shall appropriately be provided.	X	
11. Follows the spirit of the law in developing the IFSP (i.e., uses family interviews, gives family choices).		X

NINOS ESPECIALES

Child: Roberta Ortiz (Laura)
Age: 2 1/2
Presenting Problem: Speech Delay
Behavior

Mother: Maria Ortiz (Sandy)
Godmother: Juanita (Fen)

School Personnel:
Ed Evaluator & Facilitator Deidre
Speech & Language (bilingual) Michele
OT Maria
PT Lisa
Social Worker (bilingual) Leda

Preassessment Tool: Family Needs Survey (Chapel Hill)

Mrs. Ortiz identifies numerous areas in which she would like help, most notably in the areas of information regarding child's condition or disability, the need for a support system, community services, and financial resources.

Assessment Tool: Play Based Assessment

Summary and Recommendations:

1. Roberta has significant receptive and expressive delays in both Spanish and English. Speech and language therapy is recommended in Spanish.
2. Roberta evidences moderate gross motor delays. Physical therapy is recommended.
3. A special education preschool placement in a structured classroom is recommended to address Roberta's behavioral concerns (throwing objects, short attention span).

FAMILY NEEDS SURVEY

Donald Bailey
Rune Simeonsson

Frank Porter Graham
Child Development Center
The University of North Carolina
at Chapel Hill

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FORM H

Family Name/ID

ORTIZ

Maria

Relationship to child

Mother

Date

4/30/93

INSTRUCTIONS: Listed below are some of the needs expressed by parents of special children. Please read each statement and decide if you need help in this area. Then circle the number (1, 2 or 3) which represents your response to the need.

NEEDS FOR INFORMATION

	Definitely do not need help with this	Not sure	Definitely need help with this
1. I need more information about my child's condition or disability	1	2	(3)
2. I need more information about how to handle my child's behavior	1	2	(3)
3. I need more information about how to teach my child	1	2	(3)
4. I need more information on how to play with or talk to my child	1	2	(3)
5. I need more information about the services that my child might receive in the future	1	2	(3)
6. I need more information on the services that are presently available for my child	1	2	(3)
7. I need more information about how children grow and develop	1	(2)	3

Definitely do not need help with this	Not sure	Definitely need help with this
---	-------------	--------------------------------------

NEEDS FOR SUPPORT

- | | | | |
|--|-----|-----|-----|
| 1. I need to have someone in my family that I can talk to more about problems | 1 | 2 | (3) |
| 2. I need to have more friends that I can talk to | 1 | 2 | (3) |
| 3. I need to have more opportunities to meet and talk with parents of handicapped children | 1 | (2) | 3 |
| 4. I need to have more time just to talk with my child's teacher or therapist | 1 | (2) | 3 |
| 5. I would like to meet more regularly with a counselor (psychologist, social worker, psychiatrist) to talk about problems | (1) | 2 | 3 |
| 6. I need to talk more to a minister who could help me deal with problems | 1 | (2) | 3 |
| 7. I need reading material about other parents who have a child similar to mine | 1 | (2) | 3 |
| 8. I need to have more time for myself | 1 | 2 | (3) |

EXPLAINING TO OTHERS

- | | | | |
|---|---|-----|-----|
| 1. I need more help in explaining my child's condition to either my parents or my spouse's parents | 1 | 2 | (3) |
| 2. My spouse needs help in understanding and accepting our child's condition | 1 | 2 | (3) |
| 3. I need more help in how to explain my child's condition to his/her siblings | 1 | 2 | (3) |
| 4. I need help in knowing how to respond when friends, neighbors, or strangers ask questions about my child's condition | 1 | (2) | 3 |
| 5. I need help in explaining my child's condition to other children | 1 | (2) | 3 |

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COMMUNITY SERVICES

	Definitely do not need help with this	Not sure	Definitely need help with this
1. I need help locating a doctor who understands me and my child's needs	1	2	3
2. I need help locating a dentist who will see my child	1	2	(3)
3. I need help locating babysitters or respite care providers who are willing and able to care for my child	1	2	(3)
4. I need help in locating a day care center or preschool for my child	1	2	(3)
5. I need help in getting appropriate care for my child in our church or synagogue nursery during services	1	2	(3)

FINANCIAL NEEDS

1. I need more help in paying for expenses such as food, housing, medical care, clothing, or transportation	1	2	(3)
2. I need more help in getting special equipment for my child's needs	1	(2)	3
3. I need more help in paying for therapy, day care, or other services that my child needs	1	2	(3)
4. I or my spouse need more counseling or help in getting a job	1	2	(3)
5. I need more help paying for babysitting or respite care	1	2	(3)
6. I need more help paying for toys that my child needs	1	2	(3)

FAMILY FUNCTIONING

1. Our family needs help in discussing problems and reaching solutions	(1)	2	3
2. Our family needs help in learning how to support each other during difficult times	(1)	2	3
3. Our family needs help in deciding who will do household chores, child care, and other family tasks	(1)	2	3
4. Our family needs help in deciding on and doing recreational activities	(1)	2	3

What are your greatest family needs at this time?
These may include needs listed on the survey or other needs
you may have.

Our daughter ~~Roberta~~ is unable
to say what she means or needs.
She hits her brother and sister,
yells and cries constantly.
I feel that I can't take it
any more. Maybe when she
talks everything will be ok.

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INDIVIDUALIZED FAMILY SERVICE PLAN (I.F.S.P.)

Child's Name: Roberta Ortiz Child's Birthdate: 12/6/90
Parent(s) Name(s): Maria Ortiz Address: 1 Park Place Phone: 888-8888
Juanita Sanchez (godmother) Queens, NY
Service Coordinator's Name: Social Worker Agency: First Step-Howard Beach
Address: 82-12 151 Ave. Phone: 848-0300
Referral Date: 5/3/93 IFSP Type Interim Meeting Date: _____
X Initial Meeting Date: 5/11/93
_____ 6 Mo. Review Meeting Date: _____
_____ Annual Review Meeting Date: _____
Transition Plan Attached? Yes X Not Applicable _____

PART I: SERVICE COORDINATION TEAM

Parent(s) or Family:

I (we) have had the opportunity to participate in the development of this IFSP.

Signature of Parent(s)/Guardian/Surrogate Parent: _____

Other IFSP Meeting Participants:

Each agency or person who has a direct role in the provision of IFSP services is responsible for making a good faith effort to assist this child and family in achieving the outcomes listed in this IFSP.

F.S. Social Worker
Signature Agency & Title

F.S. Ed. Evaluator
Signature Agency & Title

~~F.S. Speech Therapist~~
Signature Agency & Title

~~F.S. Physical Therapist~~
Signature Agency & Title

F.S. Occupational Therapist
Signature Agency & Title

Signature Agency & Title

WRITTEN: 8/92
REVISED: 10/92

Child's Name: Roberta Ortiz

Record any specific or descriptive information in the spaces provided if a concern in any of these areas is indicated:

PHYSICAL DEVELOPMENT - Current Status of child's vision, hearing, and health.

MEDICAL (CHILD) - Primary care provider(s) for family and child, specialists, primary diagnosis (what diagnosis means to family), use of scheduled/unscheduled doctor visits, ER, are there any ongoing health concerns.

Healthy Child. Vision within normal limits. Hearing appears to be within normal limits. No audiological. Developmental milestones achieved within normal limits, though Roberta is described as a "clumsy" child.

MEDICAL (FAMILY MEMBERS) -

Healthy child, no history of any significant illnesses, no hospitalizations.

Provider Name: Outcomes: Initiation Date: _____

Provider Agency: Addition Date: _____

Frequency: Revision Date: _____

Location: Ending Date: _____

Projected Duration: Method: Family Responsibility:

Child's Name: Roberta Ortiz

GROSS MOTOR - Skills include large motor movements, for example rolling, sitting, crawling, walking, and running. Include strengths, needs, goals of intervention.

Improve quality of walking

FINE MOTOR - Skills include small motor movements such as reaching for, grasping, and holding objects or stacking blocks. Include strengths, needs, goals of intervention.

Age appropriate, services not needed

Provider Name: _____ Outcomes: _____ Initiation Date: 7/93

Physical Therapist Roberta will walk 15 feet
without walking on a sidewalk,
holding onto an adult.

Provider Agency: _____ Addition Date: _____

First Step

Frequency: _____ Revision Date: _____

2 x week

Location: _____ Ending Date: _____

Howard Beach Campus

Projected Duration: _____ Method: _____ Family Responsibility: _____

1 year

family members will hold
Roberta's hand while practicing
walking at least once a day

Child's Name: Roberta Ortiz

COMMUNICATION - Skills include how the child understands what is said to him or her as well as his or her use of sounds, words, or gestures to let others know what he or she wants. Strengths, needs, goals of intervention.

Roberta will improve her ability to listen and increase the number of words she uses.

Provider Name:	Outcomes:	Initiation Date: <u>7/93</u>
speech therapist	1. Roberta will follow	
Provider Agency: <u>bilingual</u>	one step directions.	Addition Date: <u> </u>
	2. Roberta will label	
Frequency: <u>First Step</u>	objects.	Revision Date: <u> </u>
Location: <u>2 x 1:1 ratio for</u>		Ending Date: <u> </u>
<u>30 minutes</u>		
<u>Howard Beach Campus</u>		

Projected Duration:	Method:	Family Responsibility:
<u>1 year</u>	adult will give Roberta	Roberta will place utensils
	utensil & ask her what it is,	on the table at dinnertime
*****	then Roberta will be asked to	& label each item
	put the item on the table.	*****

SELF HELP - Skills include sucking a bottle, eating solid foods, drinking from a cup, and helping to dress him or herself

Roberta will begin to drink from a cup at mealtime.

SOCIAL EMOTIONAL - Skills include how a child interacts with adults and other children, demonstrates a range of expressions, gets used to new places, play with others, and handles anger

Roberta will be able to spend more time playing with a toy.

Child's Name: Roberta Ortiz

PROBLEM SOLVING - Skills include the use of objects, spatial concepts, symbolic play, perceptual skills, and control over environment

EDUCATIONAL - Child's plans. Do you have special concerns about your child?

Roberta will attend a special education preschool in an integrated/
CHILD'S PLANS - inclusive classroom setting beginning in July, 1993.

(see above)

VOCATIONAL - Do you have any plans for vocational training or furthering your education? What are your plans for your child?

FAMILY -

CHILD -

SOCIAL AND EMOTIONAL - Do you have family and friends close by that help and spend time with your child or children? How are you feeling about caring for your child? How do you feel as a parent?

CHILD -

Close net work of extended family members and godparents are a supportive resource to family, though their understanding of Roberta's needs is limited.

FAMILY -

Child's Name: Roberta Ortiz

Date: 5/93

FINANCIAL (CHILD) - Type of insurance, bills getting paid? Supportive programs: WIC, Food Stamps, Food Pantries, PA, outstand health related expenses

(FAMILY MEMBERS)

Family has limited financial resources.

SERVICE LINKAGES FOR OTHER CHILD AND FAMILY OUTCOMES

Referral to Public Assistance through Social Service department at First Step.

Service: Public Assistance/
Medicaid Referral

Outcomes: Family will receive
financial assistance

___ Initiation Date: ASAP

___ Addition Date: _____

___ Revision Date: _____

Family Member:

Funding Source(s):

___ Ending Date: _____

Mrs. Ortiz

Service:

Outcomes:

___ Initiation Date: _____

___ Addition Date: _____

___ Revision Date: _____

Family Member:

Funding Source(s):

___ Ending Date: _____

Child's Name: Roberta Ortiz

Date: 5/93

Service: Housing

Outcomes: to begin search for more adequate housing within close proximity/easy access of family support system

Initiation Date: ASAP

Addition Date:

Revision Date:

Family Member: Mrs. Ortiz

Funding Source(s): P.A. \ / Section 8 Social Worker to assist with Section 8 application

Ending Date:

Service:

Outcomes:

Initiation Date:

Addition Date:

Revision Date:

Family Member:

Funding Source(s):

Ending Date:

Family concerns, priorities, and resources related to enhancing their child's development.

Mrs. Ortiz needs information about her child's development/disability. Social Worker will provide linkage with appropriate staff to provide Mrs. Ortiz with information.

Family has large network of extended family members/friends who are supportive. Also, Mrs. Ortiz is very involved with her church.

TRANSITION PLAN

Name: Roberta Ortiz
DOB: 12/6/90

Parent: Maria Ortiz

Referral: 5/3/93

Referral information obtained. Program description given.
Family needs assessment sent to family.

1. Initial Assessment and Development of IFSP

Date: 5/11/93

Recommendation: Special education preschool placement
in an integrated/inclusive classroom with bilingual
speech therapy and physical therapy

Participants: Mrs. Ortiz, parent
Roberta Ortiz, child
Juanita Sanchez, godmother
First Step Assessment Team

2. Packet of information sent to Mrs. Ortiz with information regarding
ways to prepare Roberta for preschool.

Date: 5/18/93

Responsibility: Family Service Coordinator

3. Arrange program visitation schedule and meeting with staff who will be
involved with Roberta.

Date: 5/25/93

Responsibility: Family Service Coordinator

4. Program visit with meeting of staff.

Date: 6/8/93

Participants: Mrs. Ortiz; Mrs. Sanchez, Roberta, teacher, speech
therapist, physical therapist, family service coordinator

5. Classroom Visitation--1 hour

Date: 6/22/93

6. Classroom Visitation--1/2 day

Dates: 6/28/93; 6/29/93; 6/30/93

7. Roberta begins full day preschool

Date: 7/1/93

8. Parent Orientation for all parents of students

Date: 7/1/93

Schedule of support groups, workshops, calendar, program policies,
important names, etc. given

APPENDIX R

CONTENTS

I. INTRODUCTION

- A. Niños Especiales Outreach Training Project
- B. Significance
- C. Relevant Literature
- D. Project Philosophy
- E. Overview of Replication
- F. Use of the Manual

II. OVERALL OUTLINE OF REPLICATION

- A. Objectives of replication
- B. Recruitment of Participant

III. REPLICATION EVALUATION

IV. POLICIES

V. REFERENCES

VI. APPENDICES

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

CRITERIA FOR REPLICATION

1. Any program providing early intervention services to children and their families of Puerto Rican heritage.
2. Catchment area for replication includes the State of Connecticut and the Metropolitan New York city area.
3. Time commitment for planning and implementation of program components is highly valued.

NIÑOS ESPECIALES OUTREACH PROJECT
UCONN Health Center - Department of Pediatrics

PROGRAM REVIEW
Replication

PROGRAM NAME _____

DATE: _____

- | | | | | |
|-----|--|-----|-----------|----|
| 1. | The program has a written philosophy for their early intervention services. | Yes | Sometimes | No |
| 2. | The program has written goals and objectives for services. | Yes | Sometimes | No |
| 3. | The program has an established written eligibility criteria for entry into the program. | Yes | Sometimes | No |
| 4. | The program has an established method of referring children who are not eligible for the program. | Yes | Sometimes | No |
| 5. | The program utilizes staff from different disciplines when assessing each child age birth to three years. | Yes | Sometimes | No |
| 6. | The program utilizes valid and reliable assessments in the evaluation process.
(Please list assessment tools used.) | Yes | Sometimes | No |
| 7. | The program staff writes assessment reports. | Yes | Sometimes | No |
| 8. | If yes, are the reports written as a team? | Yes | Sometimes | No |
| 9. | The program conducts family assessments.
(Please list.) | Yes | Sometimes | No |
| 10. | The program orients parents about their rights and the law (PL 99-457). | Yes | Sometimes | No |

- | | | | | |
|-----|--|-----------------|-----------------|----|
| 11. | The program services non-english speaking families. (Explain how they are served.) | Yes | Sometimes | No |
| 12. | Individual Family Service Plans are developed for each family. | Yes | Sometimes | No |
| 13. | Individual Family Service Plans are reviewed every six months. | Yes | Sometimes | No |
| 14. | Each child has written goals and objectives for service delivery. | Yes | Sometimes | No |
| 15. | Families participate in the development of goals and objectives for their child. | Yes | Sometimes | No |
| 16. | The child's progress is reviewed quarterly. | Yes | Sometimes | No |
| 17. | The staff holds regularly scheduled team meetings at least monthly. If yes, how often? | Yes | Sometimes | No |
| 18. | How many staff are currently involved in program service delivery? | Full Time _____ | Part Time _____ | |
| 19. | The program offers regular home visits with families. | Yes | Sometimes | No |
| 20. | The program provides services for children within a group setting. | Yes | Sometimes | No |
| 21. | Opportunities are provided for the child to be mainstreamed/integrated with normally developing peers. | Yes | Sometimes | No |
| 22. | The program provides transportation for the children and families they serve. | Yes | Sometimes | No |
| 23. | The program provides supplementary activities for parents and families in their preferred Language. (Please list. e.g. parent support groups.) | Yes | Sometimes | No |

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- | | | | | |
|-----|---|-------|-----------|----|
| 24. | The program provides case management services for each child and family in the program. | Yes | Sometimes | No |
| 25. | The program has written interagency service agreements with at least one other community agency. | Yes | Sometimes | No |
| 26. | Transition guidelines have been developed and are in place. | Yes | Sometimes | No |
| 27. | On-going feedback is provided to the referral source (and to other appropriate sources) with regard to child's progress. | Yes | Sometimes | No |
| 28. | Program has identified personnel gaps/needs. (Please List.) | Yes | Sometimes | No |
| 29. | A process for identifying staff development and training needs has been developed. | Yes | Sometimes | No |
| 30. | Program staff generate annual staff development goals. | Yes | Sometimes | No |
| 31. | Resources (human, material, and financial) are available for training. | Yes | Sometimes | No |
| 32. | Staff members are involved with other Hispanic associations, agencies, networks, committees for formal and informal training purposes. (Please List.) | Yes | Sometimes | No |
| 33. | Does the program possess a written document outlining administrative structure? | Yes | Sometimes | No |
| 34. | The program maintains records on the number and types of children being served. | Yes | Sometimes | No |
| 35. | How many children are currently being served in the program? | <hr/> | | |

- | | | | | |
|-----|--|-------|-----------|----|
| 36. | The program maintains records on the type of services actually received by each child and family. | Yes | Sometimes | No |
| 37. | How long has the program been in operation? | _____ | | |
| 38. | Written materials are available describing the purposes and scope of the program. | Yes | Sometimes | No |
| 39. | Public awareness of the needs of this population and screening activities are conducted in the community/LEA | Yes | Sometimes | No |
| 40. | Does the program have fire, health, and safety standards monitored regularly? | Yes | Sometimes | No |
| 41. | What is the cost per pupil? | _____ | | |
| 42. | Does the program keep evaluation data on: | | | |
| | a. the program | Yes | Sometimes | No |
| | b. child progress | Yes | Sometimes | No |
| | c. parent satisfaction | Yes | Sometimes | No |
| | d. daily activities | Yes | Sometimes | No |

NIÑOS ESPECIALES OUTREACH PROGRAM

PROGRAM TASKS FOR REPLICATION

Description	Program Task	Criteria
1. Philosophy	A. Program staff will develop a written philosophy for their early intervention services including a section on cultural sensitivity B. Staff will develop written procedures for culturally sensitive service delivery. a) Staff will have a working knowledge of basic Spanish vocabulary to utilize during home visits. b) Staff will provide information to families in Spanish (Child development, P.L. 99-457, community resources, etc.) c) Staff will provide case management services to families	Philosophy must include these components: family orientation, culturally directed services, transdisciplinary team, transitions, interagency coordination and be approved by N.E.P. team. Procedures will cover: a) service delivery to families in their preferred language (Spanish or English) b) written materials will be available in their preferred language c) assistance to families with language barriers when communicating with other agencies and service providers
2. Assessment	A. Staff will be trained to administer the N.E.P. infant assessment battery. B. Staff will be trained to administer the N.E.P. family assessment battery.	95% reliability with N.E.P. trainer. 95% reliability with N.E.P. trainer.

3. I.F.S.P.

A. Individual Family Service Plans will be developed for each family and reviewed every six months.

Must include:

- a) family participation in development of goals and objectives
- b) support and information for families.
- c) written goals and objectives for each infant.
- d) must comply with P.L. 99-457.

4. Interagency Coordination

A. Staff will have a written interagency service agreement with at least one other community agency.

Must include: a health care facility (V.N.A.) and a local Hispanic organization if available.

5. Trans-disciplinary Team

A. Staff will adopt and utilize a transdisciplinary team approach to service delivery.

Must include:

- a) parent as official team member
- b) team members from multiple disciplines
- c) active teaching and learning across disciplines
- d) collective assessment and planning
- e) implementation predominantly through one staff member with active consultation from other disciplines

6. Transition
Services

A. Transition guidelines will be developed by staff in cooperation with LEA.

Must include:

- a) contact with LEA at least six months prior to discharge
- b) information to families on local special education services
- c) opportunities for families to visit programs
- d) schedule PPT that includes family, sending and receiving program
- e) follow-up services

7. Evaluation

A. The program will maintain records on the number and types of children being served.

B. The program will maintain records on the types of services actually received by each child and family.

C. The program will keep evaluation data on the program
child progress
parent satisfaction
daily activities

The program will utilize valid and reliable assessments in the evaluation process and must include the following N.E.P. assessment tools: resource log, N.P.I., family needs assessment, interactional code, H.O.M.E., family focused intervention rating scale, B.D.I., R.E.E.L., C.R.I.B., Carolina Curriculum, visitation record form, parent questionnaire.

8. Training
Others

The student will design a training/staff development program related to cultural sensitivity for at least two other staff members at their site. The training program will occur over at least two sessions and will include:

- a) needs assessment.
- b) written objectives.
- c) training contract.
- d) outline of content.
- e) evaluation procedures.

As part of the training/staff development program the student will conduct one awareness workshop for the entire program staff.

The instructor will review the training objectives, content and evaluation, will observe and provide written feedback on the training sessions.

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

Replication Contract

This agreement is to confirm that _____ will participate in the NEP program replication and understands that this participation includes the following components:

- 1) Obtaining support and release time (if necessary) from the program supervisor to attend the program replication.
- 2) Attendance at a minimum of two meetings with the instructor prior to the start of the institute. The purposes of the meetings are: a) to clarify details of the program replication to the participants, b) to complete necessary forms, and to c) gather information of participants program.
- 3) Participate in replicating the following components:

- | | |
|-------------|--|
| Component 1 | Develop philosophy
Develop procedures
Learn basic Spanish
Provide Spanish material to families
Provide case management |
| Component 2 | Administer infant assessments
Administer family assessments |
| Component 3 | Develop IFSP
Provide case management |
| Component 4 | Written interagency agreements |
| Component 5 | Use a transdisciplinary service approach |

Component 6 Utilize transition guidelines

Component 7 Manage and analyze evaluation data

- 4) Completion of the following tasks by _____

Brief Task Description

1. Write a culturally sensitive philosophy and procedure for services.
2. Administer infant and family assessments.
3. Organize coordinate and develop I.F.S.P.
4. Develop written interagency agreements.
5. Adopt and utilize a transdisciplinary team approach.
6. Develop transition guidelines in cooperation with the L.E.A.
7. Keep data on: The Program, numbers and types of children, services received, child progress, parent satisfaction and daily activities.
8. Once staff member has participated in replication, he/she will design a training/staff development program related to cultural sensitivity for at least two (2) other staff members at their site

* Attached please find a full description of tasks

- 5) Follow-up by the instructor, _____, for up to one year after replication has begun. Follow-up will include assistance with completion of tasks or issues related to cultural sensitivity and replication evaluation.

_____	_____	_____	_____
Date	Participant	Date	Participant's supervisor

_____	_____
Date	Instructor

_____	_____
Date	Instructor

NIÑOS ESPECIALES OUTREACH PROJECT

MRI/ Cedarwood Hall, Room 423
Family Support/Early Intervention
New York Medical College

Replication Self Evaluation Form

Name: _____ Program: _____ Date: _____

Below are the basic competencies that you will have the opportunity to gain through participation in the Cultural Sensitivity Institute and the NEP replication process. We are asking you to rate your perceived current level of expertise and to select the level of competency you would like to achieve for each of the items listed below.

To rate both present and desired level of expertise, place a check in the appropriate column.

U= Unfamiliar. This is new to me. I know nothing about it, e.g., I've never heard of it. What is it?

Aw= Awareness. I have heard about it, but I don't know it's full scope such as its principles, components, applications and modifications. I need information.

K= Knowledge. I know enough about this to write or talk about it. For example, I know what it is, but I'm not ready to use it in my program. I need practice and feedback.

A= Application. I am ready to apply this. For example, I can design, modify, and use it in my program.

M= Mastery. I am ready to work with other people to help them learn this. For example, I feel confident enough to demonstrate this to others.

Participant will:	Where I Am					Where I Want To Be				
	U	AW	K	AP	M	U	AW	K	AP	M
CHILD										
1. Demonstrate skills administering assessments to young children:										
a) through observation										
b) structuring the environment to elicit skills										
c) through direct testing										
2. Demonstrate skills in writing reports of child assessments										
3. Develop functional child goals and objectives from assessment information										
4. Establish and maintain a data collection system for each child										
5. Demonstrate skills in responding to child cues										
How: _____										
6. Utilize functional activities to address goals and objectives										
7. Effectively manage children's behavior										
8. Develop or modify teaching materials to facilitate skill acquisition in children with sensory or physical impairments										
9. Demonstrate understanding of policies and legislation for children with special needs										
FAMILY										
10. Demonstrate understanding of family systems theory										

Participant will:	Where I Am					Where I Want To Be				
	U	AW	K	AP	M	U	AW	K	AP	M
11. Demonstrate skills for interviewing families for assessment purposes (e.g., setting and following an agenda, obtaining pertinent information without being intrusive)										
12. Determine family service needs through family interview										
13. Demonstrate skills in writing statements of family strengths and needs										
14. Demonstrate sensitivity to family needs How: _____										
15. Demonstrate skills in writing results of family assessments										
16. Demonstrate good communication skills during interactions with families including:										
a) effective listening (eye contact, silence)										
b) effective inquiry (open ended questions)										
c) effective reflection of feeling										
d) effective reflection of content (paraphrase)										
17. Communicate assessment results to families an/or other professionals in understandable terms										
18. Demonstrate an understanding of family empowerment principles How: _____										
19. Involve families in goal setting										
20. Demonstrate skills in developing goals collaboratively with families										
21. Incorporate goals identified by the family into the IFSP										
22. Maintain a file all community services available to children with disabilities and their families in the region										
CULTURE										
23. Describe the differences between the traditional anglo American culture and the Puerto Rican culture including:										
a) family relationships										
b) child rearing										
c) support networks										
d) social etiquette										
e) sense of time										
f) noise & movement										
g) belief in fate										
24. Understand how Puerto Rican families differ in their views medicine and health care in relationship to their child with a disability										
25. Be familiar with early intervention strategies that are culturally acceptable to Puerto Rican families										
26. Demonstrate skills in communicating with Spanish speaking families										
27. Include other family members in service delivery that have authority in decision making, such as: grandparents, aunts, uncles, etc.										

	Where I Am					Where I Want To Be				
	U	AW	K	AP	M	U	AW	K	AP	M
Participant will:										
28. Become familiar with developing an IFSP that is culturally sensitive										
29. Demonstrate skills in interviewing a family of Puerto Rican heritage for the purpose of gaining a better understanding of their culture										
TEAM										
30. Prepare families for their role in team meetings										
31. Demonstrate understanding of the characteristics of multidisciplinary, interdisciplinary, and transdisciplinary teams										
32. Plan a team meeting, including:										
a) formulating an agenda										
b) contacting participants										
c) preparing families										
33. Facilitate a team meeting, including:										
a) following the agenda										
b) ensuring opportunity for participation of all members										
c) ensuring minutes are taken and distribute.										
34. Share knowledge and skills of own discipline with other team members										
35. Learn knowledge and skills from other team members										
36. Collaboratively plan a home visit that encompasses a number of different discipline recommendations										
INTERAGENCY										
37. Develop an interagency agreement										
38. Facilitate an interagency meeting including:										
a) developing and following the agenda										
b) inviting appropriate participants										
c) ensuring opportunity for participation of all members										
39. Demonstrate knowledge of the roles and responsibilities of the participants in an interagency meeting										

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

PROGRAM REPLICATION

PRE-IFSP HOME VISIT EVALUATION FORM

NAME: _____

DATE: _____

HOME VISIT

DID THE PARTICIPANT:

Have an agenda for the home visit	YES	SOMETIMES	NO
Introduce agenda to family & gather family concerns	YES	SOMETIMES	NO
Ask family if they have any issues to go over	YES	SOMETIMES	NO
Explain assessment process to the family	YES	SOMETIMES	NO
Describe the role of the Ninos Especiales Program and the services offered by the intervention program	YES	SOMETIMES	NO
Explain early intervention services	YES	SOMETIMES	NO
Explain funding sources	YES	SOMETIMES	NO
Individualize to meet family needs	YES	SOMETIMES	NO
Include siblings who were present	YES	SOMETIMES	NO
Explain family's role in IFSP development & implementation	YES	SOMETIMES	NO
Schedule and discuss plans for next home visit	YES	SOMETIMES	NO
Bring closure to home visit	YES	SOMETIMES	NO
Evaluate the home visit	YES	SOMETIMES	NO

ASSESSMENT

DID THE PARTICIPANT:

Structure the environment to facilitate cross discipline assessment	YES	SOMETIMES	NO
Demonstrate skills in administering assessments to young children through:			
observation	YES	SOMETIMES	NO
structuring the environment to elicit skills	YES	SOMETIMES	NO
direct testing	YES	SOMETIMES	NO
Demonstrate skills in responding to child's cues	YES	SOMETIMES	NO
Effectively manage child's behavior	YES	SOMETIMES	NO
Summarize the assessments to the family	YES	SOMETIMES	NO
Include family in administration of items	YES	SOMETIMES	NO
Demonstrate skills in interviewing families for assessment purposes (e.g., setting and following and agenda, obtaining pertinent information without being intrusive)	YES	SOMETIMES	NO

COMMUNICATION

DID THE PARTICIPANT:

Child:

Give eye contact	YES	SOMETIMES	NO
Use appropriate body language	YES	SOMETIMES	NO
Match child's style	YES	SOMETIMES	NO

Adult:

Give eye contact	YES	SOMETIMES	NO
Use appropriate body language	YES	SOMETIMES	NO
Match adult's style	YES	SOMETIMES	NO
Display active listening	YES	SOMETIMES	NO

Maintain topic	YES	SOMETIMES	NO
Appropriately paraphrase	YES	SOMETIMES	NO
Clarify issues/questions	YES	SOMETIMES	NO
Reflect what was heard/give feedback	YES	SOMETIMES	NO
Respond positively	YES	SOMETIMES	NO

CULTURAL CONSIDERATIONS

DID THE PARTICIPANT:

Include extended family members in the home visit	YES	NO
---	-----	----

Feel comfortable with the home characteristics: noise & movement How: _____	YES	NO
--	-----	----

Respect cultural differences (e.g., child rearing & sense of time) How: _____	YES	NO
--	-----	----

Respect cultural beliefs (e.g., religion & health issues) How: _____	YES	NO
---	-----	----

Provide information in family's preferred language	YES	NO
--	-----	----

Express positive attitude towards family's hospitality through: body language (facial expressions) verbal communication	YES	NO
---	-----	----

OVERALL PERFORMANCE

ACCEPTABLE

UNACCEPTABLE

DEBRIEFING

Instructor

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

PROGRAM REPLICATION

IFSP IMPLEMENTATION/HOME VISIT

EVALUATION FORM

NAME: _____ DATE: _____

HOME VISIT

DID THE PARTICIPANT:

Have an agenda for the home visit	YES	SOMETIMES	NO
Have objectives (taken from the IFSP) for the home visit	YES	SOMETIMES	NO
Use appropriate functional activities to accomplish objectives	YES	SOMETIMES	NO
Use appropriate materials to accomplish objectives	YES	SOMETIMES	NO
Use appropriate methods to accomplish objectives	YES	SOMETIMES	NO
Modify activities to meet child's needs	YES	SOMETIMES	NO
Structure the environment to facilitate optimal interactions with the child	YES	SOMETIMES	NO
Collect data on objectives	YES	SOMETIMES	NO
Provide opportunities for parents to try activities/meet objectives	YES	SOMETIMES	NO
Provide opportunities for parent success	YES	SOMETIMES	NO
Address family goals from IFSP	YES	SOMETIMES	NO
Individualize visit to meet family needs	YES	SOMETIMES	NO
Include siblings who are present	YES	SOMETIMES	NO

Schedule and discuss plans for next home visit	YES	SOMETIMES	NO
Bring closure to the home visit	YES	SOMETIMES	NO
Evaluate the home visit	YES	SOMETIMES	NO

COMMUNICATION

DID THE PARTICIPANT:

Child:

Give eye contact	YES	SOMETIMES	NO
Use appropriate body language	YES	SOMETIMES	NO
Match child's style	YES	SOMETIMES	NO

Adult:

Give eye contact	YES	SOMETIMES	NO
Use appropriate body language	YES	SOMETIMES	NO
Match adult's style	YES	SOMETIMES	NO
Display active listening	YES	SOMETIMES	NO
Maintain topic	YES	SOMETIMES	NO
Appropriately paraphrase	YES	SOMETIMES	NO
Clarify issues/questions	YES	SOMETIMES	NO
Reflect what was heard/give feedback	YES	SOMETIMES	NO
Respond positively	YES	SOMETIMES	NO

CULTURAL CONSIDERATIONS

DID THE PARTICIPANT:

Include extended family members in the home visit	YES	NO
Feel comfortable with the home characteristics: noise & movement	YES	NO
How: _____		

Respect cultural differences (e.g., child rearing & sense of time)	YES	NO
How: _____		

Respect cultural beliefs (e.g., religion & health issues)	YES	NO
How: _____		

Provide information in family's preferred language	YES	NO
---	-----	----

Express positive attitude towards family's hospitality through:	YES	NO
body language (facial expressions)		
verbal communication		

OVERALL PERFORMANCE	ACCEPTABLE	UNACCEPTABLE
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DEBRIEFING

Instructor

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT

PROGRAM REPLICATION

IFSP DEVELOPMENT/HOME VISIT

EVALUATION FORM

NAME: _____ DATE: _____

HOME VISIT

DID THE PARTICIPANT:

Have an agenda for the home visit	YES	SOMETIMES	NO
Ask parents if they have any input	YES	SOMETIMES	NO
Explain family assessment results	YES	SOMETIMES	NO
Explain child assessment results	YES	SOMETIMES	NO
Explain services	YES	SOMETIMES	NO
Demonstrate skills in writing results of child assessments	YES	SOMETIMES	NO
Communicate assessment results to families and/or other professionals in understandable terms	YES	SOMETIMES	NO
Ask families for their goals for their child	YES	SOMETIMES	NO
Involve families in goal setting	YES	SOMETIMES	NO
Demonstrate skills in developing goals collaboratively with families	YES	SOMETIMES	NO
Structure the environment to facilitate optimal interactions with the child	YES	SOMETIMES	NO
Individualize visit to meet family needs	YES	SOMETIMES	NO
Include siblings who are present	YES	SOMETIMES	NO

Schedule and discuss plans for next home visit	YES	SOMETIMES	NO
Bring closure to the home visit	YES	SOMETIMES	NO
Evaluate the home visit	YES	SOMETIMES	NO

COMMUNICATION

DID THE PARTICIPANT:

Child:

Give eye contact	YES	SOMETIMES	NO
Use appropriate body language	YES	SOMETIMES	NO
Match child's style	YES	SOMETIMES	NO

Adult:

Give eye contact	YES	SOMETIMES	NO
Use appropriate body language	YES	SOMETIMES	NO
Match adult's style	YES	SOMETIMES	NO
Display active listening	YES	SOMETIMES	NO
Maintain topic	YES	SOMETIMES	NO
Appropriately paraphrase	YES	SOMETIMES	NO
Clarify issues/questions	YES	SOMETIMES	NO
Reflect what was heard/give feedback	YES	SOMETIMES	NO
Respond positively	YES	SOMETIMES	NO

CULTURAL CONSIDERATIONS

DID THE PARTICIPANT:

Include extended family members in the home visit	YES	NO
Feel comfortable with the home characteristics: noise & movement	YES	NO
How: _____		

Respect cultural differences
(e.g., child rearing & sense of time)
How: _____

YES NO

Respect cultural beliefs
(e.g., religion & health issues)
How: _____

YES NO

Provide information in family's
preferred language

YES NO

Express positive attitude towards
family's hospitality through:
body language (facial expressions)
verbal communication

YES NO

OVERALL PERFORMANCE

ACCEPTABLE

UNACCEPTABLE

DEBRIEFING

Instructor

Parent Evaluation Form

How well does your
program do this?

P = Poor
OK = Okay
G = Good
E = Excellent

How important is
this to you?

NI = Not Important
I = Important
VI = Very Important

In this program...

1. Families are encouraged to participate in the assessment process by:

a. Being allowed to administer test items, provide suggestions on how to get a child's best performance and provide information about the child at home.

P OK G E

NI I VI

b. Being given assessment results in a manner that is understood and meaningful (use of preferred language) and limited technical jargon).

P OK G E

NI I VI

2. Families are able to participate and understand the IFSP process.

P OK G E

NI I VI

3. Meetings with the family are scheduled when and where they are most convenient for them.

P OK G E

NI I VI

4. Families are given all materials, paperwork and information about legal rights in their preferred language and without a technical jargon.

P OK G E

NI I VI

5. The staff (especially those in the home) are bilingual/bicultural and identify and use the preferred names of the people in the household.

P OK G E

NI I VI

6. The staff are culturally sensitive i.e.:

a. They demonstrate awareness and respect for your culture.

P OK G E

NI I VI

b. Include extended family in intervention/ service delivery.

P OK G E

NI I VI

c. Practices and services are based on the strengths, wants, and needs of the family.

P OK G E

NI I VI

Parent Evaluation Form (Continued)

How well does your
program do this?

P = Poor
OK = Okay
G = Good
E = Excellent

How important is
this to you?

NI = Not Important
I = Important
VI = Very Important

In this program...

- | | | |
|---|----------|---------|
| d. Have strong ties and knowledge about cultural groups and resources and services in your community. | P OK G E | NI I VI |
| e. Provide feedback on a regular basis and in your preferred language. | P OK G E | NI I VI |
| f. They are able to establish clear communication. | P OK G E | NI I VI |
| 7. Families are able to communicate their needs clearly. | P OK G E | NI I VI |
| 8. Families are provided opportunities to actively participate with the staff. | P OK G E | NI I VI |
| 9. Families are an important part of the team that works with their child. | P OK G E | NI I VI |
| 10. Staff make it easy for parents to meet and visit with each other. | P OK G E | NI I VI |
| 11. Staff regularly ask the family about how well the program is doing and what changes they might like to see. | P OK G E | NI I VI |
| 12. Staff don't act rushed or in a hurry when they meet with the family. | P OK G E | NI I VI |
| 13. Staff don't ask about personal matters unless it is necessary. | P OK G E | NI I VI |
| 14. Staff respect whatever level of involvement families choose in making decisions. | P OK G E | NI I VI |

APPENDIX S

REPLICATION SCHEDULE
INSTITUTE I
DMR REGION III

DATES	STAFF	FAMILY MEMBERS	OBJECTIVE
09-19-90	Dianne Miguel	Norma, Jose, Ashley, Veronica	Introduction
09-21-90	Dianne Miguel	Jose, Veronica	Assessment (Battelle)
09-28-90	Dianne Miguel	Norma, Jose Ashley, Veronica	Cont. Assessment Battelle, Interactional code
10-01-90	Cancelled	Cancelled	Speech Evaluation (Cancelled)
10-11-90	Dianne Frankie, Speech T. Miguel	Norma, Jose, Ashley, Veronica	Speech Evaluation (REEL)
10-19-90	Cancelled	Cancelled	Family Assessments PPT Orientation
10-25-90	Dianne Miguel	Norma, Jose, Ashley, Veronica	Family Assessments PPT Orientation

10-31-90	Joanne, Supervisor Frankie, Speech Dianne, Teacher Miguel, consultant	Norma, Jose, Ashley, Veronica	IFSP WRITING
11-07-90	Cancelled	Cancelled	6 Month Review
11-14-90	Dianne	Jose, Norma Veronica, Ashley	6 Month Review
11-21-90	Cancelled	Cancelled	Review Objectives for Veronica
11-28-90	Dianne Miguel Gabriela	Norma, Jose, Veronica, Ashley	Discuss Objectives Request Input from Family
12-06-90	Dianne Miguel Gabriela	Norma, Jose, Veronica, Vivi, Ashley	Complete Child & Family Assessments
12-12-90	Dianne Miguel Gabriela	Norma, Jose, Veronica, Vivi, Ashley	IFSP Implementation
12-19-90	Cancelled	Cancelled	Parent-Child Interaction
01-18-91	Cancelled	Cancelled	O.T. Evaluation

01-30-91	Dianne Miguel	Norma, Jose, Veronica, Vivi, Ashley	Interactional Assessment
02-06-91	Dianne Frankie Speech Miguel Gabriela	Jose, Veronica, Ashley, Vivi	Speech and Language Assessment
02-13-91	Dianne Miguel Gabriela	Norma, Jose, Veronica, Ashley	Implementing Objectives
02-20-91	Dianne Miguel	Norma, Jose Veronica, Vivi, Ashley	Communication
02-27-91	Dianne Miguel Gabriela	Jose, Veronica, Ahsley	Communication
03-06-91	Dianne Frankie Miguel Gabriela	Norma, Jose, Veronica, Ashley, Vivi	Speech Follow-up Consultation
03-20-91	Dianne Miguel Gabriela	Norma, Jose, Veronica, Ashley	Family Assessments
04-03-91	Dianne Miguel Gabriela	Norma, Jose, Veronica, Ashley, Vivi	Child Assessments
04-10-91	Dianne Miguel Gabriela	Norma, Jose, Veronica, Ashley, Vivi	Cont. Child Assessments

04-24-91	Dianne Miguel Gabriela	cancelled	Cont. Assessments
05-01-91	Dianne Miguel Gabriela	cancelled	Cont. Assessments
05-08-91	Dianne Miguel Gabriela	cancelled	Cont. Assessments
05-15-91	Dianne Miguel Gabriela	cancelled	Cont. Assessments
05-22-91	Dianne Miguel Gabriela	cancelled	Cont. Assessments
05-29-91	Dianne Miguel Gabriela	cancelled	Cont. Assessments
06-05-91	Dianne Miguel Gabriela	cancelled	Referral to DCYS
06-12-91	Dianne Miguel Gabriela	Norma, Jose, Veronica, Ashley, Vivi, Grandmother, Grandfather	Meeting with the Parents
06-19-91	Dianne Miguel	Grandmother Grandfather Veronica, Ashley	Meeting with Grandparents (temporary custody)

06-26-91	Judy, Nurse Miguel Gabriela	Grandmother Grandfather Veronica, Ashley	Introducing Judy to Grandparents and Agenda for Assessments
07-26-91	Judy Miguel Gabriela	Grandmother Grandfather Veronica, Ashley	Start Family Assessments
07-10-91	Judy Miguel Gabriela	Grandmother Grandfather Veronica, Ashley	Complete Family Assessments
07-24-91	Judy Miguel Gabriela	Grandmother Grandfather Veronica, Ashley	Start Child Assessments
08-21-91	Judy Miguel Gabriela	Grandmother Veronica, Ashley, Vivi	Complete Child Assessments
08-27-91	Judy Conney Miguel	Grandmother Grandfather Veronica, Ashley, Vivi	Test Results, Pre-IFSP and Transition
08-29-91	Judy, Nurse Conney, Social Worker Miguel, NEP Consultant	Grandmother Grandfather Veronica, Ashley	Final IFSP, Discharge

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
Case#1

DATES	STAFF	FAMILY MEMBERS	OBJECTIVE
03-19-91	Josephine Maureen Miguel Gabriela	Claudia, Bobby, Manuel, Grandmother,	Introduction, Consent Release
03-26-91	Josephine Maureen Miguel Gabriela	Claudia, Bobby, Manuel, Grandmother	Photo Release Family Assessments
04-02-91	Josephine Maureen Miguel Gabriela	Claudia, Bobby, Manuel, Grandmother	Child Assessments

DATES	STAFF	FAMILY MEMBERS	OBJECTIVE
04-09-91	Josephine Maureen Miguel Gabriela	Claudia, Bobby Manuel, Grandmother	Continue Child Assessments
04-08-91	Josephine	Claudia, Bobby, Manuel, Grandmother	Meeting with other agencies
04-16-91	Josephine Miguel Gabriela	Claudia, Bobby, Manuel, Grandmother	Finish Battelle
04-23-91	Josephine Miguel Gabriela Speech Therapist	Claudia, Bobby, Manuel, Grandmother	Administer the REEL unable to complet
04-30-91	Josephine Miguel Gabriela Speech Therapist	Claudia, Bobby, Manuel, Grandmother	Speech Evaluation REEL

DATES	STAFF	FAMILY MEMBERS	OBJECTIVE
05-07-91	Josephine Miguel Gabriela Supervisor + 3 invited from other programs	Claudia, Bobby, Manuel, Grandmother	I.F.S.P. Writing
05-14-91	Josephine Miguel Gabriela Maureen	Claudia, Bobby, Manuel, Grandmother	I.F.S.P. Implementation
05-21-91	Josephine	Cancelled	Cancelled
05-28-91	Josephine	Cancelled	Cancelled

DATES	STAFF	FAMILY MEMBERS	OBJECTIVE
06-04-91	Josephine	Claudia, Bobby, Manuel, Grandmother	IFSP Implementation
06-11-91	Josephine	Claudia, Bobby, Manuel, Grandmother	IFSP Implementation

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
Case#2

DATES	STAFF	FAMILY MEMBERS	OBJECTIVE
03-05-91	Maureen Miguel Gabriela	Wanda Antonio	Introduction, Consent Release
03-12-91	Maureen Miguel Gabriela	Wanda Antonio	Photo Release, Family Assessments
03-19-91	Maureen Miguel Gabriela	Wanda Antonio	Child Assessments Battelle, Crib, Home, Interactional Code
03-26-91	Cancelled	Cancelled	Cont. Assessments
04-02-91	Cancelled	Cancelled	Family Moving

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DATES	STAFF	FAMILY MEMBERS	OBJECTIVE
04-09-91	Cancelled	Cancelled	Re-scheduled (in two weeks)
04-30-91	Maureen Miguel Gabriela	Wanda Antonio	Discussed Assessment Results with Family
05-20-91	Maureen	Wanda Antonio	Pre- I.F.S.P visit
05-28-91	Maureen Miguel Program Supervisor OTR	Wanda Antonio Dad	I.F.S.P Writing
06-10-91	Maureen Miguel Speech Therapist	Wanda Antonio	Speech Evaluation

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
CASE #3

DATE	STAFF	FAMILY MEMBER	OBJECTIVE
6/7/91	Teddie Miguel Gabriela	Ivonne Carmen	Introduction, Consent release Demographic form
6/14/91	Teddie Miguel Gabriela	Ivonne Carmen	Community Resources Family Assessments Family Focused Int. Rating Scale NPI
6/20/91	Teddie Gabriela	Carmen Ivonne	Continue Family Assessments Family Needs
6/27/91	Teddie Gabriela	Cancelled	Start child assessments Batelle
7/12/91	Teddie Gabriela	Carmen Ivonne	Start child assessments Child sick (cough/fever)

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
CASE #3

DATE	STAFF	FAMILY MEMBER	OBJECTIVE
7/19/91	Teddie Gabriela	Ivonne Carmen 2 cousins	Start child assessments-Battelle Hand out information on Down Syndrome child fell asleep Replication schedule has been changed to 10:30 instead of 1 p.m.
7/25/91	Teddie Gabriela	Re-schedule child has doctors appointment (Cardiology) Cancelled	Continue child assessment Battelle HOME
8/1/91	Teddie Gabriela	Ivonne Carmen	Continue child assessments (Batelle) HOME
8/8/91	Teddie Gabriela Gretchen	Ivonne Carmen	Continue child assessments Speech evaluation REEL, finish Battelle

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
CASE #3

DATE	STAFF	FAMILY MEMBER	OBJECTIVE
8/15/91	Teddie Gabriela	Ivonne Carmen 2 Cousins	Continue child assessment Caretaking questionnaire CRIB
8/22/91	Teddie Gabriela	Cancelled	Interactional Code Start Carolina
8/27/91	Teddie Gabriela Deirdre	Ivonne Carmen Cousin	Feeding evaluation
9/6/91	Teddie Gabriela Sue (PT)	Carmen Ivonne	PT consult (DMR)
9/12/91	Teddie Gabriela	Cancelled	Interactional Code Carolina
9/20/91	Teddie Gabriela	Cancelled (no show)	Interactional Code Carolina

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
CASE #3

DATE	STAFF	FAMILY MEMBER	OBJECTIVE
9/27/91	Teddie Gabriela	Ivonne Carmen	Interactional Code Carolina
10/4/91	Teddie Gabriela	Ivonne Carmen	PPT orientation session w/parent Request input from family
10/10/91	Teddie Gabriela	Ivonne Carmen	IFSP development
10/18/91	Teddie Gabriela	Carmen Ivonne	IFSP implementation and technical assistance as needed

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
CASE #3

DATE	STAFF	FAMILY MEMBER	OBJECTIVE
10/18/91	Teddie Gabriela	cancelled no show	
11/7/91	Teddie Gabriela Diane (SW)	Ivonne Carmen Maria	IFSP implementation Diane will assist Ivonne w/budgeting Worked on weight bearing on knees; pulling up to standing
11/13/91	Teddie	cancelled	IFSP implementation
11/21/91	Teddie Gabriela	Carmen Maria Ivonne	IFSP implementation Continue to work on goals

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
CASE #3

DATE	STATE	FAMILY MEMBER	OBJECTIVE
11/27/91	Teddie Gabriela	cancelled	IFSP implementation
12/2/91	Teddie Gabriela	Carmen Maria Daisy (friend)	IFSP implementation Go over feeding program
12/12/91	Teddie Gabriela	Carmen Maria Ivonne Cousins	IFSP implementation Go over positioning and weight bearing with mom
12/19/91	Teddie Gabriela	cancelled	IFSP implementation
1/10/92	Teddie Gabriela	Carmen Maria Ivonne	IFSP implementation Review/revise goals w/parent Discuss future visits' schedule

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
CASE #4

DATE	STAFF	FAMILY MEMBER	OBJECTIVE
6/7/91	Gretchen Gabriela Miguel	Magda Glendaliz	Introduction, Release Demographic form
6/17/91	Gretchen Gabriela Miguel	Magda Glendaliz	Family Assessments: Family Focused Int. Rating Scale Family Needs Assessment Community Resource NPI
6/27/91	Gretchen Gabriela	Cancelled	Child had surgery - request reports from hospital (DMR)
7/3/91	Gretchen Gabriela	Cancelled	Start child assessments child did not feel well according to mom

REPLICATION SCHEDULE
INSTITUTE II
DMR REGION IV
CASE #4

DATE	STAFF	FAMILY MEMBER	OBJECTIVE
7/12/91	Gretchen Gabriela	Magda (mom) Glendaliz Isto (dad) Alicia (aunt)	Start child assessments Batelle Mom helped w/translation
7/19/91	Gretchen Gabriela	Brothers Alicia Magda Glendaliz	Continue child assessment BDI (very hot day) child got tired, however, finished BDI CRIB
7/25/91	Gretchen Gabriela	Magda Glendaliz	Continue child assessment Speech assessment REEL, HOME
7/31/91	Gretchen Gabriela	Isto Magda Glendaliz	PPT orientation session w/parents

APPENDIX T

DEMOGRAPHIC INFORMATION
NEP REPLICATION

CATEGORIES	VERONICA	BOBBY	ANTONIO	GLENDALIZ	CARMEN
D.O.B.	5-16-88	11-2-89	4-27-1990	12-1-88	11-14-90
RELIGION	Catholic	Catholic	Catholic	Protestant	Catholic
DISABILITY	Develop. Delay	Retinopathy Prematurity	Prematurity	Develop. Delay	Down Syndrome
MARITAL STATUS	Married	Married	Not Married	Not Married	Not Married
MOTHERS EDUCATION	8th Grade	High School Graduate			9th Grade
MOTHERS OCCUPATION	Domestic	Domestic	Domestic	Domestic	Domestic
DADS EDUCATION	9th Grade				
DADS OCCUPATION		Car Mechanic		Bus Driver	
INCOME	Public Assistance	<10,000	Public Assistance	<10,000	Public Assistance
DEPENDENTS	4	3	2	3	2
PRENATAL CARE	No	No	No	No	No
GESTATIONAL AGE	40	26	36	34	40
N.I.C.U.	No	Yes	No	Yes	No
MEDICAL STATUS	Good	Good	Good	Good	Good

**HOME VISITS
(REPLICATION)**

Categories	Veronica	Bobby	Antonio
Total Home Visit	33	13	6
Who's Involved	NEP Staff and Case Worker	"	"
Mom & Child	-	-	6 (100%)
Dad & Child	8 (24%)	-	
Mom, Child & Other	12 (36%)	12 (93%)	
Cancelled	13 (39%)	1 (7%)	
Support	9 (27%)	3 (23%)	1 (16%)
Information	16 (48%)	7 (53%)	5 (83%)
Intervention	16 (48%)	5 (38%)	2 (33%)
Caretaker	5 (15%)		
Motor	3 (9%)	6 (46%)	2 (33%)
Interact	13 (39%)	5 (38%)	3 (50%)
Assess	8 (24%)	3 (23%)	3 (50%)

HOME VISITS
(REPLICATION)
CONTD

Categories	Glendaliz	Carmen Maria
Total Home Visit	12	16
Who's Involved	NEP Staff and DMR Case Worker	NEP Staff and DMR Case Worker
Mom & Child	3 (25%)	8 (50%)
Dad & Child	1 (8%)	-
Mom, Child & Other	5 (41%)	3 (18%)
Cancelled	3 (25%)	5 (31%)
Support	2 (18%)	4 (36%)
Information	3 (27%)	5 (45%)
Intervention		5 (45%)
Caretaker		4 (36%)
Motor		3 (27%)
Interact	2 (18%)	4 (36%)
Assess	7 (63%)	6 (54%)

RESOURCES
INITIAL ASSESSMENT

CATEGORIES	VERONICA		BOBBY		ANTONIO		GLENDA LIZ		CARMEN	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
PT			X							
OT			X							
Speech			X				X			
Audio	X		X		X		X			
Vision			X							
Counselling										
Bilingual									X	
Parent Group										
WIC	X		X		X		X		X	
Foodstamps	X		X		X		X			
Visiting Nurse.										
Pediatrician	X		X		X		X		X	
Spec Ed	X		X				X		X	
Emergency Room										
BESB			X							
DMR	X		X		X		X		X	
DHS										
DCYS	X				X					
Public Housing	X		X		X					
Fuel Assistance										
Genetic Counsel										
Legal										
Social Services			X						X	
Day Care										
Social Security			X							
Medicaid	X		X		X		X		X	
AFDC	X								X	
Church					X		X			

INTERACTIONAL CODE
INITIAL ASSESSMENT

	VERONICA	BOBBY	ANTONIO	CARMEN
Enjoyment	1	1	1	1
Sensitivity to Interest	2	2	2	2
Responsivity	2	2	2	1
Directiveness	2	3	2	2
Turn Taking	2	2	3	1
Imitation	3	3	2	1
Expansions	3	3	3	3

Code: 1 = Naturally occurs during play sessions
 2 = Model/verbal directive needed
 3 = Unable to maintain behavior

**BATTELLE DEVELOPMENTAL
INVENTORY
INITIAL ASSESSMENTS**

Name + C A	Veronica 28 m				Bobby 14 m				Antonio 9 m			
Domains	Raw	P.R.	Age	D.Q.	Raw	P.R.	Age	D.Q.	Raw	P.R.	Age	D.Q.
Personal Social	61	1	19	65	40	17	12	86	26	13	7	83
Adaptive	48	3	22	72	29	4	11	74	26	62	10	105
Gross Motor	53	13	26	83	26	1	10	65	18	24	7	86
Fine Motor	32	40	28	96	13	1	6	65	11	29	5	92
Motor Total	85	30	27	92	39	1	10	65	29	26	7	90
Receptive Comm.	16	19	23	87	11	11	13	82	8	12	7	82
Expressive Comm.	10	1	9	65	11	10	10	81	6	15	6	84
Comm. Total	26	1	13	65	22	8	11	79	14	17	6	86
Cognitive	26	5	22	75	22	29	14	92	14	11	7	82
BDI Total	246	1	21	65	152	3	11	72	109	27	7	91

BATTELLE DEVELOPMENTAL
INVENTORY
INITIAL ASSESSMENTS

Name + C A	Glendaliz 27 m				Carmen Maria 9 m							
Domains	Raw	P.R.	Age	D.Q.	Raw	P.R.	Age	D.Q.				
Personal Social	71	8	22	79	21	1	4	65				
Adaptive	55	24	25	89	18	1	8	65				
Gross Motor	57	44	30	93	10	1	3	65				
Fine Motor	29	23	25	89	10	11	5	82				
Motor Total	86	32	29	93	20	1	4	65				
Receptive Comm.	16	19	23/ 24	87	7	8	6	79				
Expressive Comm.	18	1	23	65	5	1	4/5	65				
Comm. Total	34	4	22	74	12	2	5	69				
Cognitive	29	18	23	86	12	2	6	69				
BDI Total	275	12	24	82	86	1	5	65				

**RECEPTIVE-EXPRESSIVE EMERGENT LANGUAGE SCALE
INITIAL ASSESSMENT**

DOMAIN	NAME + CA	VERONICA 28m	BOBBY 15m	ANTONIO 9m
RECEPTIVE	Age	22-24m	9 m	9 m
	Raw Score	54	27	27
	Quotient	193	60	300
EXPRESSIVE	Age	10-11m	10m	7 m
	Raw Score	31	30	21
	Quotient	111	67	233
LANGUAGE	Raw Score	42.5	28.5	24
	Quotient	142	63.5	266

RECEPTIVE-EXPRESSIVE EMERGENT LANGUAGE SCALE
INITIAL ASSESSMENT

DOMAIN	NAME + CA	GLENDALIZ 27 m	CARMEN 9 m
RECEPTIVE	Age	22-24 m	6 m
	Raw Score	51	5
	Quotient	188	67
EXPRESSIVE	Age	22 m	6 m
	Raw Score	48	5
	Quotient	177	67
LANGUAGE	Raw Score	45.5	6
	Quotient	182.5	67

**CAROLINA CURRICULUM FOR HANDICAPPED INFANTS AND INFANTS AT RISK
INITIAL ASSESSMENT**

NAME + CA	VERONICA 28 m		BOBBY 14 m		ANTONIO 9 m	
CATEGORIES	Raw	Age	Raw	Age	Raw	Age
COGNITION						
•Tactile Integration	11	21	6	9	6	9
•Auditory	7	21	9	12	8	9
•Visual Pursuit	7	24	9	9	7	9
•Object Permanence	11	18	6	9	4	6
•Spatial Concepts	13	21	7	12	6	9
•Objects, Symbolic Play	11	21	7	12	6	6
•Physical Environment	8	21	5	12	4	9
•Readiness Concepts	0	-	0	-	0	-
COMMUNICATION						
•Responses to Commu.	17	21	9	9	7	6
•Gestural Immitation	6	12	1	3	3	6
•Gestural Communica.	13	21	8	9	8	9
•Vocal Immitation	3	6	1	6	3	6
•Vocal Communication	9	9	10	9	7	6
SOCIAL SKILLS/ ADAPTIVE						
•Social Skills	15	18	10	12	6	6
•Self Direction	5	21	2	12	2	12

CAROLINA CURRICULUM FOR HANDICAPPED INFANTS AT RISK
INITIAL ASSESSMENT
(Continuation)

NAME + CA	VERONICA 28 m		BOBBY 14 m		ANTONIO 9 m	
CATEGORIES	Raw	Age	Raw	Age	Raw	Age
SELF HELP						
•Feeding	19	24	13	12	13	12
•Grooming	4	24	0	-	0	-
•Dressing	6	24	1	12	0	-
FINE MOTOR						
•Reaching/Grasping	11	>9	9	6	6	6
•Object Manipulation	9	>9	9	>9	6	6
•Object. Manip. I	4	21	0	-	0	-
•Block Patterns	4	18	0	-	0	-
•Drawing	6	24	0	-	0	-
•Placing Pegs	5	18	1	-	0	-
•In/Out Container	5	>18	2	12	0	-
•Bilateral Hand Act.	14	24	8	12	5	6
GROSS MOTOR						
•Prone	16	>15	16	15	10	6
•Supine	7	>6	6	>6	7	>6
•Upright	10	>15	9	12	4	9
•Stair	3	21	0	-	0	-
•Balance	3	24	0	-	0	-
•Jumping	2	24	0	-	0	-
•Positive/Locom.	5	24	0	-	0	-

CAROLINA RECORD OF INDIVIDUAL BEHAVIOR
INITIAL ASSESSMENT
SECTION A

CATEGORIES	VERONICA	BOBBY	ANTONIO
Initial State	Quiet Awake	Quiet Awake	Active Awake
Predominant	Active Awake	Active Awake	Active Awake
Social Orientation	9	7	9
Participation	8	7	8
Motivation	6	7	7
Endurance	4	5	9
Child's Expressive Communication	7	4	6
Child's Receptive Communication	8	4	7
Object Orientation	8	8	7
Consolability	N/A	N/A	4
Activity	5	5	5
Reactivity	5	4	5
Goal Directiveness	5	4	6
Frustration	5	4	N/A
Attention Span	7	5	8
Responsiveness to Caretaker	5	5	5
Tone of Tension	5	5	5
Responsiveness to Examiner	5	5	5

**CAROLINA RECORD OF INDIVIDUAL BEHAVIOR
INITIAL ASSESSMENT
SECTION B**

CATEGORIES	VERONICA	BOBBY	ANTONIO
Habit Patterns	Nose Picking	None	Head Banging
High Tonicity Upper Extremity	None	None	None
High Tonicity Lower Extremity	None	None	None
High Tonicity Trunk	None	None	None
Low Tonicity Upper Extremity	None	None	None
Low Tonicity Lower Extremity	None	None	None
Low Tonicity Trunk	None	None	None
Sounds by:			
Non-verbal Vocal.	2	2	3
Banging Objects	1	1	2
Affective Behav. Negative:			
•Crying	2	1	0
•Avoiding Persons	2	0	0
•Wariness	1	0	0
•Clinging	1	0	0
Positive:			
•Laughing	3	0	0
•Smiling	3	2	2
Exploring Objects with hands	1	3	3
Exploring Objects with Mouth	0	3	2
Exploring Objects by Smelling	0	0	0
Attachment to Toy or Object	0	0	0

**DEMOGRAPHICS OF PROVIDERS
(REPLICATION)**

Categories	Theadora G.	Gretchen B.	Josephine F.	Maureen W.	Dianne V.	Patricia Z.
Agency	DMR Reg. 4 Bridgeport	DMR Reg. 4 Bridgeport	DMR Reg. 4 Stamford	DMR Reg. 4 Stamford	DMR Reg. 3 Willimantic	Dept of Health Dev. Clinic
B-3 Training (Before Institute)	Yes 11/90	Yes 6/90	Yes 6/90	-	Yes 5/89	No
Current Position	Early Childhood Special Ed.	Speech Pathologist	Early Childhood Special Ed.	Early Childhood Special Ed.	Early Childhood Special Ed.	Coord. of Early Intervention
Population Served	0-18 yrs. Parents and Families	0-18 yrs. Parents and Families	0-18 yrs. Parents and Families	0-18 yrs. Parents and Families	0-18 yrs. Parents and Families	0-18 yrs. Parents and Families
Types of Disabilities	1-10	1-7	1-7, 9, 13	2-7, 9-10	1-12	1,5,6,7, 11-13
Current Degree	MS	MA CCC - SLP	MA	BS	MS	Ph.D.
Area of Certification/ License	Special Education	Speech Pathology	Special Education	Special Education	Early Childhood Ed./Sp. Ed.	Psychology
Formal B-3 Training	Yes	Yes	No	Yes	Yes	Yes
Time Serving 0-3	3 Years	15 Years	2 Years	7 Years	11 Years	14 Years
Time in Field	12 Years	15 Years	16 Years	6 Years	13 Years	14 Years
Previous Experience	3,6,8	1-4, 6	2,6	3	1, 2-3	4
Cultural Sensitivity training in past two years	No	No	No	No	No	No

Codes for Types of Disabilities

- | | |
|---------------------------------|---------------------------|
| 1. mild/moderate MR | 8. severe/profound MR |
| 2. multihandicapped | 9. physical handicaps |
| 3. blind | 10. deaf/blind |
| 4. hearing impaired | 11. learning disabled |
| 5. developmental delays | 12. emotionally disturbed |
| 6. medically involved | 13. behavior disorderd |
| 7. speech and language
delay | 14. other ----- |

Codes for Previous Experience

- | |
|---------------------------------------|
| 1. 3-5 year olds - Early Intervention |
| 2. Primary Special Ed. |
| 3. Adolescents/Adults - Special Ed. |
| 4. 0-5 typical children |
| 5. Elementary Regular Ed. |
| 6. Secondary Regular Ed. |
| 7. Other Education |
| 8. Other (Please List) ----- |

NEONATAL PERCEPTIVE INVENTORY
INITIAL ASSESSMENTS

CATEGORIES	VERONICA			BOBBY			ANTONIO			GLENDA LIZ			CARMEN		
Scores	Own	Other	Diff.	Own	Other	Diff.	Own	Other	Diff.	Own	Other	Diff.	Own	Other	Diff.
Crying	3	1	2	2	2	0	3	2	1	3	2	1	1	1	0
Feeding	3	3	0	3	2	1	3	3	0	3	3	0	3	1	2
Vomiting	3	3	0	2	3	-1	3	3	0	3	3	0	2	3	-1
Sleeping	3	3	0	2	2	0	2	2	0	3	2	1	3	1	2
Bowel Movements	3	3	0	2	3	-1	3	3	0	3	3	0	3	2	1
Pattern of Eating and Sleeping	3	2	1	1	1	0	2	2	0	3	2	1	3	3	0
TOTALS	18	15	3	12	13	-1	16	15	1	18	15	3	15	11	4

"1" = For 'A Great Deal'
 "2" = For 'Moderate Amount'
 "3" = For 'None'

**HOME OBSERVATION FOR MEASUREMENT OF THE ENVIRONMENT
INITIAL ASSESSMENT**

CATEGORIES	Total Items	VERONICA	BOBBY	ANTONIO	GLENDALIZ	CARMEN
Emotional/Verbal Responsibility of Mother	11	6	3	10	6	4
Avoidance of Restriction and punishment	8	4	5	6	7	6
Organization of Environment	6	3	5	3	5	3
Provision of appropriate play material	9	0	4	0	1	1
Maternal involvement with child	6	1	2	3	1	1
Opportunity for variety in daily stimulation	5	3	2	2	3	1
TOTAL	45	17	21	24	23	16

**FAMILY FOCUS RATING SCALE
INITIAL ASSESSMENTS**

Tasks	Veronica		Bobby		Antonio		Glendaliz		Carmen	
	Person Respons.	Task Rating	Person Respons.	Task Rating	Person Respons.	Task Rating	Person Respons.	Task Rating	Person Respons.	Task Rating
Feeding	1,2	1	4	2	1	2	1	2	1	2
Bathing	1	2	1	2	1	2	1	2	1	2
Holding/ Comforting	1,2	2	1	1	1	2	1	1	1	2
Sleeping	1,2	0	1	1	1	1	1	0	1	2
Dressing	1,2	2	1	2	1	2	1	1	1	2
Dealing/ Profession	1	1	1	1	1	0	1	0	1	0
Playing	1,2	2	1	2	1	1	1	2	1	2
Meal Prep.	1,2	2	4	2	1	2	1	2	1	2

Coding for Person Responsible:

- 1 = Mom
- 2 = Dad
- 3 = Sibling
- 4 = Adult/Other Relative
- 5 = Other

Coding for Task Rating

- 0 = Never Easy
- 1 = Sometimes
- 2 = Always Easy

**FAMILY NEEDS
INITIAL ASSESSMENT**

	Veronica	Bobby	Antonio	Glendaliz	Carmen
Child Develop.	Yes	Yes	Yes	Yes	Yes
Test Results	Yes	Yes	Yes	Yes	Yes
Home Teaching	No	No	Yes	Yes	No
Mang. Behavior	No	No	Yes	Yes	No
Speech	Yes	Yes	Yes	Yes	No
Positioning	No	No	No	No	Yes
Making Toys	No	No	No	Yes	No
Services Avail.	Yes	Yes	Yes	Yes	Yes
Respite Avail.	No	No	No	No	No
Meetings w/ others present	No	No	No	No	Yes
Parent	No	No	No	No	No
Organization	No	No	No	No	No
Feeding/ Nutrition	Yes	No	No	No	Yes
First Aid	No	Yes	Yes	Yes	Yes
Professionals	Yes	Yes	Yes	Yes	Yes
Medical Visits	Yes	Yes	No	No	No
TOTAL	7	7	8	9	8



STATE OF CONNECTICUT
DEPARTMENT OF MENTAL RETARDATION
REGION 3

December 21, 1990

Miguel Isidore
Division of Child and Family Studies
Department of Pediatrics
University of CT Health Center
School of Medicine
Farmington CT 06032

Re: Veronica Gonzalez
DOB: 5/16/86

Dear Miguel:

Enclosed is a copy of the Individualized Family Service Plan (IFSP) which has been developed for this child and family. You will be receiving quarterly reports as long as this child is enrolled in the Unified School District #3.

I look forward to working with you for the benefit of this child and family. If you have any further questions or if we can be of assistance to you, please do not hesitate to call me at 566-8472.

Sincerely,

A handwritten signature in cursive script, appearing to read "Joanne".

Joanne Knapp-Philo
Educational Program Supervisor

jd

Enc..

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**DEPARTMENT OF MENTAL RETARDATION
UNIFIED SCHOOL DISTRICT #3
INDIVIDUALIZED FAMILY SERVICE PLAN
(IFSP)**

Date of Meeting: 10/26/90
 Child's Name: VERONICA GONZALEZ
 Child's Address: 162 Jackson St. Wmte.
 Date of Birth: 5-16-88
 _____ Male ☒ Female
 Child's Corrected Age: 29 months
 Primary Language: ☐ ENGLISH ☒ OTHER Spanish
 Telephone: _____

Parent/Guardian: Norma Gonzalez
 Parent/Guardian Address: same
 Relationship to Child: mother
 Primary Language: ☒ ENGLISH ☒ OTHER Spanish
 Telephone: Home _____ Work _____
 Parent/Guardian: José Gonzalez
 Parent/Guardian Address: same
 Relationship to Child: father
 Primary Language: ☐ ENGLISH ☒ OTHER Spanish
 Telephone: Home _____ Work _____

Date of Meeting: 10/25/90 Time: 9:30 am Location: Gonzalez home

PERSONS IN ATTENDANCE

NAME	SIGNATURE	ROLE	AGENCY	PHONE
Norma Gonzalez	<i>[Signature]</i>	Parent/Guardian		
José Gonzalez	<i>[Signature]</i>	Parent/Guardian		
<i>[Signature]</i>	<i>[Signature]</i>	Administrator	USD #3	
Michael C. ...	<i>[Signature]</i>		Child's Family Study	674-1485
Frances M. Robinson	<i>[Signature]</i>	Speech/Lang Path	DMR 3	
Debbie Vega	<i>[Signature]</i>	Teacher		

CHILD AND FAMILY STATUS: appropriate information may include the child's and family's strengths, needs, and aspirations as they relate to their child's developmental needs.

- Veronica lives with her parents & older & younger children.
- Veronica seemed to do better on the assessment in Spanish than in English.
- Veronica's parents have been concerned about her limited expressive language, 5 words.
- Veronica has picked up a couple more words in the time since the assessment.

CHILD AND FAMILY GOALS: categories may focus on support, information, and developmental intervention.

M/M Gonzalez will receive assistance in facilitating Veronica's development in expressive language in Spanish.

TRANSITION PLANS:

Re-eval in 6 months to determine if referral to LEA is appropriate.

ACTION PLAN

CHILD'S NAME: Veronica Gonzalez PROVIDER: USD #3 DATE: 12Expected Outcomes: Veronica's family will receive assistance in facilitating her expressive language development.

OBJECTIVE	ACTIVITIES	PROJECTED TIMELINE	MEASUREMENT CRITERIA	PROGRESS
Veronica will:				
1. INCREASE consonant production to 7 of the following. (m, n, b, d, t, k, s, f, g)		Jan 1991	4 of 12 objectives achieved.	
2. USE 10 words meaningfully.				
3. Participate in gesture games or songs.				
4. Imitate 2-word utterances.		May 1991	8 of 12	
5. Imitate or use environmental or animal sounds.				
6. Combine words.				
7. Ask for needs using words.				
8. NAME 1-3 objects		Aug. 1991	12 of 12	
9. NAME 3 pictures				
10. USE one pronoun (my, mine, you, me)				
11. Refers to self by name.				

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12 Will imitate 10-15 words.

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SERVICE COORDINATION PLAN

[illegible]

Proposed Review Date: 4/90

Case Manager: Donna Vime / Early Intervention Co-Case Manager _____ / _____
(Name) (Title) (Name) (Title)

Phone: _____ Phone: _____
I accept the responsibility for service coordination: I accept the responsibility for service coordination:

SIGNATURE: _____ **SIGNATURE:** _____

PROGRAM ACCEPTANCE

☒ I accept the family plan outlined above.

☐ I DO NOT accept the family plan outlined above.

**("x" one
and sign)**

SIGNATURE:

Parent or Guardian

Vernica Gonzalez
Child's Name

x. Jose Gonzales

**DEPARTMENT OF MENTAL RETARDATION
UNIFIED SCHOOL DISTRICT #3**

**INDIVIDUALIZED FAMILY SERVICE PLAN
(IFSP)**

Date of Meeting: 5/7/91

Child's Name: Bobbi Nieves

Child's Address: 64 Custer St. Stam. 06702

Date of Birth: 11/2/89

☒ Male ☐ Female

Child's Corrected Age: 14 mos.

Primary Language: ☒ ENGLISH ☐ OTHER

Telephone: 348-7008 Spanish

Parent/Guardian: Claudia Garcia

Parent/Guardian Address: same

Relationship to Child: mother

Primary Language: ☒ ENGLISH ☐ OTHER

Telephone: Home 348-7008 Work

Parent/Guardian:

Parent/Guardian Address:

Relationship to Child:

Primary Language: ☐ ENGLISH ☐ OTHER

Telephone: Home Work

5/7/91

Date of Meeting:

Time: 1:30

Location: 64 Custer St. Stam.

PERSONS IN ATTENDANCE

NAME	SIGNATURE	ROLE	AGENCY	PHONE
<u>Claudia Garcia</u>	<u>Claudia Garcia</u>	Parent/Guardian	Mother	<u>348-7008</u>
		Parent/Guardian		
<u>Gretchen Bryant</u>	<u>Gretchen Bryant</u>	<u>Speech Therapist</u>	<u>DMR</u>	<u>574-6900</u>
<u>Josephine Ferrante</u>	<u>Josephine Ferrante</u>	<u>ELL Teacher</u>	<u>DMR</u>	<u>579-6027</u>
<u>Diane Tray</u>	<u>Diane Tray</u>	<u>Social Worker</u>	<u>Young Parents Program Family & Children's Services</u>	<u>324-3167</u>
<u>Robbie Tansley</u>	<u>Robbie Tansley</u>	<u>Speech Path CES</u>	<u>CES</u>	<u>222-7009</u>
<u>Jabriela Freyre</u>	<u>Jabriela Freyre</u>	<u>Early Interventionist</u>	<u>NIÑOS ESPECIALES</u>	<u>914 285-7235</u>
<u>Figuer Caldera</u>	<u>Figuer Caldera</u>	" " "	" " "	<u>or 285-7052 " " "</u>

Meeting #2

Date of Meeting:

Time:

Location:

PERSONS IN ATTENDANCE

NAME	SIGNATURE	ROLE	AGENCY	PHONE
		Parent/Guardian		
		Parent/Guardian		
Beth E. Cohen	Beth E. Cohen	Occupational Therapist	CES Program	222-1009
Kelly Rickard	Kelly Rickard	Teacher	W.M.	

ASSESSMENT SUMMARY

Appropriate information may include health, developmental, and any specialty assessments. Appropriate areas may include vision, hearing, neurological, or others.

DATE	ASSESSMENT AREA	ASSESSMENT USED	COMPLETED BY: TITLE/AGENCY	RESULTS
3/12/90 - 1/28/91	Medical	running notes & office visits	Dr. Timothy Keneffick (Stam. Pediatric Center)	- medical history unremarkable beyond normal childhood illnesses.
5/30/90	Medical	initial visit	Dr. Caleb Gonzales (Yale eye Center)	- Leukocoria - right pup. l appears slightly larger than left & reacts sluggishly to light. - no attempts at fixation & constant roving eye movements. <u>Impressions:</u> 1. Retinopathy of prematurity, (ROP) 2. Detached retina (right eye) 3. Myopia, high (left eye) 4. ROP (left eye) 5. S/p cryotherapy for ROP, bilateral - retinoscopy: Left eye - 11.00 sphere
9/26/90	Medical	control visit	"	Leukocoria - right eye retinoscopy: Left eye - 12.00 sphere <u>plan:</u> retinoscopic finding perscribed because mother reported that his present glasses are too small.
3/27/91	Medical	control visit	"	- w/ glasses - poor attempt at fixation - face markedly turned to left. - w/o glasses - no attempt at fixation - has nystagmoid eye movements & marked latent nystagmus.

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Department of Mental Retardation
Unified School District #3

ASSESSMENT SUMMARY

Appropriate information may include health, developmental, and any specialty assessments. Appropriate areas may include vision, hearing, neurological, or others.

DATE	ASSESSMENT AREA	ASSESSMENT USED	COMPLETED BY: TITLE/AGENCY	RESULTS
				Retinoscopy: Left eye -12.00 + 2.00 x 165 - refraction changed from -12.00 (in Sept. 1990) to -20.00 - glasses changed to new retinoscopic findings. * need to wear glasses was stressed.
2/1/91	Medical	report to Dr. Kenevich after examination	Dr. Jose M. Portal	- received oxygen for approx 3 mos. - ROP was noted at Yale - underwent cryotherapy to both eyes in Jan. 1990 - this procedure was not successful in right eye (right eye -> virtually blind) - estimated vision w/ correct myopic refraction is approx. 20/400 - left eye is an eccentric fixator = appears to be a crossed left eye. - stresses that Bobbi should wear glasses at all times.
4/25/91	Developmental	I Developmental Registry Series of Infant Development II Revised Edition Developmental Status of	David T. Smith, Ph.D. Developmental Psychologist	Estimated Vision: 20/400 Estimated Hearing: 20/40 Estimated Language: 5.5

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Department of Mental Retardation
Unified School District #3

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ASSESSMENT SUMMARY

Appropriate information may include health, developmental, and any specialty assessments. Appropriate areas may include vision, hearing, neurological, or others.

DATE	ASSESSMENT AREA	ASSESSMENT USED	COMPLETED BY: TITLE/AGENCY	RESULTS
12/6/90	Developmental	Carolina Curriculum for Handicapped Infants and Infants at risk	Beth Cohen OTA/L Darlene Jones Special Education Teacher (CES)	Delayed in all areas
4/9/91	Developmental	Battelle Developmental Inventory	Josephine Ferrante Early Interventionist (DMR)	- overall BDI significantly below norm - Domains varied: personal-social } average range cognitive } communication - slightly below range adaptive & motor - significantly delayed
4/9/91	Developmental	Carolina Record of Individual Behavior (C.R.I.B.)	Josephine Ferrante Early Interventionist (DMR)	- generally, indicated child is active, alert and responsive. - Fair attention span & frustration level - fair lang skills - exhibited no habit patterns
5/7/91	Communication	Unclerel Adaptive Behavior Scale Communication Domain Receptive Expression Language Logbook	Gretchen Ogent Speech-Language Pathologist DMR	Overall delay in speech-language skills with low adaptive communication skills noted. SCIR, 30 items - skills noted particularly children with communication delays, not clear on independent attempts to communicate. The environment

PRESENT LEVELS OF DEVELOPMENT

These levels of development can be gathered through formal assessments, through the child's play, from parental report, and by observing interactions in different environments.

DEFINITIONS:

- Communication - skills include how the child understands what is said to him/her as well as his/her use of sounds, words or gestures to let others know what he/she wants.
- Fine Motor - skills include small motor movements such as reaching for, grasping and holding objects, stacking blocks.
- Gross Motor - skills include large motor movements, eg. rolling, sitting, crawling, walking, running.
- Problem Solving - skills include the use of objects, spatial concepts, symbolic play, perceptual skills, control over environment.
- Self-Help - skills include sucking a bottle, eating solid foods, drinking from a cup, helping to dress him/herself.
- Social Emotional - skills include how a child feels about him/herself, interacts with adults and other children, demonstrates a range of expressions, gets used to new places, plays with others, handles anger.

COMMUNICATION:

- recognizes family members & responds to his name.
- responds to "no" & a number of commands ("come here" "time to eat" "go to bed" "time for a bath")
- shakes head for "no" - babbles while playing & will occasionally imitate some
- tugs at mother's clothing to get attention - says "baba" for bottle.

FINE MOTOR:

- good grasp/release
- transfers toys from one hand to another
- beginning to use pincer grasp

GROSS MOTOR:

- rolls - gets in/out of sitting - pulls to stand - cruises along furniture.
- walks with assistance - crawls up stairs - stands momentarily without support. Climbs off couch & beds, climbs stairs.

PROBLEM SOLVING:

- localizes sound
- uncovers hidden toys
- searches for removed objects
- reaches around barriers
- makes choices.

SELF-HELP:

- finger feeds - beginning to use spoon with food on spoon.
- hold own bottle
- removes some simple clothing (hat, shoes, socks)

SOCIAL EMOTIONAL:

- plays simple games ("peek-a-bo" - "so big")
- discriminates between familiar & unfamiliar people
- responds to praise
- shows affection
- enjoys playing w/ other children
- expresses ownership.

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CHILD AND FAMILY STATUS:

appropriate information may include the child's and family's strengths, needs, and aspirations as they relate to their child's developmental needs.

- Mom (sister) live with parents who assist in caring for the child.
- Bobbi is a happy & good natured child - mom sees him as an easy care child.
- Family is able to meet child's physical & emotional needs.
- Family is willing to do all that is necessary to improve Bobbi's developmental skills.
- Mom is concerned w/ Bobbi's visual problems - wants to know more about it and what she can do to help him.
- wants to see him progress to age level.
- wants to see him walk & speak.
- Ted is very supportive.

CHILD AND FAMILY GOALS:

categories may focus on support, information, and developmental intervention.

Support: will include Niños Especiales Interventionists in providing services to family - function: will assist in providing interpretation services & language interpretation.

Information: will provide family with information re. Bobbi's visual problems & deciphering medical reports.

Developmental: -increase language skills
-increase motor skills
- keep his glasses on.

TRANSITION PLANS:

- mother has spoken with Stamford Board of Education
- Identification meeting was held by Stamford Board of Ed
- Board of Ed was sent invitation to IFSP meeting - will not be able to attend.
- Send board of Ed copies of DMR reports.

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Department of Mental Retardation
Unified School District #3

SERVICE COORDINATION PLAN

TYPE OF SERVICE	PROVIDER ADDRESS PHONE #	SCHEDULE	LOCATION OF SERVICE	METHOD DIRECT, INDIRECT, CONSULT	BEGINNING & ENDING DATE
OT	CES Beginnings Beth Cohen 785 Ungava Rd 7616 222-7007	1 hr per wk	Home 64 Custer St Stam.	Direct	9/90 - 6/91 11/91 - 5/92
Sp	CES Beginnings Dbbie 785 Ungava Rd. 7616 222-7007	1 hr. per wk	Home 64 Custer St. Stam.	Direct	9/90 - 6/91 11/91 - 5/92
Special Education	CES Beginnings Darleen Jones 785 Ungava Rd 7616 222-7007	as needed	Home 64 Custer St. Stam.	consult	9/90 - 6/91
Education	DMR Reg. 4 Josephine Ferrante 115 Virginia Ave apt 579-6027	1 hr. per wk	Home 64 Custer St. Stam.	Direct	5/7/91 - 5/7/92
Education	BESB Lisa Wood 170 Ridge Rd. Wethersfield 249-8525	1 hr. per wk	Home 64 Custer St. Stam.	Direct	5/91 - 5/92
Transportation	none				
PE	none				
	Young Parents Program	As needed	Home visit + home available	Direct	5/91 to 5/92

Proposed Review Date: 5/7/92

Case Manager: Diane Troy Coordinator
(Name) (Title)

Co-Case Manager /
(Name) (Title)

Phone: 324-3167

Phone: _____

I accept the responsibility for service coordination:

I accept the responsibility for service coordination:

SIGNATURE: Diane Troy

SIGNATURE: _____

PROGRAM ACCEPTANCE

☒ I accept the family plan outlined above.

☐ I DO NOT accept the family plan outlined above.

("x" one and sign)

SIGNATURE: (Handwritten Signature)
Parent or Guardian

SIGNATURE: (Handwritten Signature)
Child's Name

INITIAL PLACEMENT INFORMATION

A Planning Placement Team (PPT) meeting was held on 5/2/91. The following persons were in attendance:

<u>Claudia Garcia</u>	Parent
<u>Kathryn Rockley</u>	Administrator
<u>Josephine P. ...</u>	Teacher
<u>Deborah Bryant</u>	Pupil Personnel Representative
<u>Diane Tury</u>	Coordinator, Young Parents Program
<u>John J. ...</u>	Speech Therapist C & S
<u>Gabriela Freyre, MSW</u>	Coordinator, Ninos & Specials Early Interventionist
<u>Reginal Carter</u>	
<u>Sue E. Cohen</u>	Occupational Therapist CES - Beginning Program

JUSTIFICATION FOR PLACEMENT

Is this student eligible to receive special education services? ☒ YES ☐ NO

- ☐ Child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.
- ☒ Child is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development; physical development, including vision and hearing; language and speech development; psychosocial development or self-help skills.

Child will no longer require special education when the condition or development delay no longer exists.

ASSESSMENT SUMMARY

Appropriate information may include: health, developmental, and any specialty assessments. Appropriate areas may include: vision, hearing, neurological, etc.

DATE:	ASSESSMENT AREA:	ASSESSMENT USED:	COMPLETED BY: TITLE/AGENCY	RESULTS:
4/30/91 5/15/91	Developmental	Clinical observations HELP	TEDDIE GIFFORD, EI SUSAN B WHITE CPT	Carmen appears to be progressing well in all developmental areas
9/91	Developmental	<u>BATELLE</u>	TEDDIE GIFFORD, EI GABRIELA FREYRE, <u>NINOS</u>	Delays in Self Help and Motor domains; delay in <u>BOT</u> total score

PRESENT LEVELS OF DEVELOPMENT

These levels of development can be gathered through formal assessments, through the child's play, from parental report, and by observing interactions in different environments.

DEFINITIONS:

- Communication - skills include how the child understands what is said to him/her as well as his/her use of sounds, words or gestures to let others know what he/she wants.
- Fine Motor - skills include small motor movements such as reaching for, grasping and holding objects, stacking blocks.
- Gross Motor - skills include large motor movements, eg. rolling, sitting, crawling, walking, running.
- Problem Solving - skills include the use of objects, spatial concepts, symbolic play, perceptual skills, control over environment.
- Self-Help - skills include sucking a bottle, eating solid foods, drinking from a cup, helping to dress him/herself.
- Social Emotional - skills include how a child feels about him/herself, interacts with adults and other children, demonstrates a range of expressions, gets used to new places, plays with others, handles anger.

COMMUNICATION:

different
 something vs "wanting"; looks for things - when she wants
 vocal sounds vocalizations, babbles

FINE MOTOR:

reaches reaches for things; starting to roll
 holds; starts to pull socks off

GROSS MOTOR:

starting to roll over back → belly plays
 with feet; puts head up when placed on belly

PROBLEM SOLVING:

pulls blanket off face,

SELF-HELP:

suck (bottle), baby foods; formula +
 juice

SOCIAL EMOTIONAL:

crying, happy, happy baby;

CHILD AND FAMILY STATUS:

appropriate information may include the child's and family's strengths, needs, aspirations, etc., as they relate to their child's developmental needs.

- has good friends who serve as support system
- Mother is very good person + easy-going

CHILD AND FAMILY GOALS:

categories may focus on support, information and developmental intervention.

- ↑ Improved gross motor skills
- ↑ - Improved speech/language skills
- provide learning w/ interaction on IEP system
- improved social skills - from a
- improved cognitive skills

TRANSITION PLANS:

Send reports to Budget Public Schools

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SERVICE COORDINATION PLAN

[illegible]

Case Manager: Ted. G. H. A. / Co-Case Manager: _____
(NAME) (TITLE) (NAME) (TITLE)

Address: _____ Address: _____

Phone: 721-038

Phone: _____

I accept the responsibility for service coordination:

I accept the responsibility for service coordination:

SIGNATURE: _____ **SIGNATURE:** _____

PROGRAM ACCEPTANCE

("x" one
and sign)

☒ I accept the family plan outlined above. I understand that acceptance is voluntary and may be withdrawn at any time.

☐ I DO NOT accept the family plan outlined above.

PARENT/GUARDIAN

SIGNATURE: William H. Davis

DATE:

CHILD'S NAME: **BEST COPY AVAILABLE**

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INITIAL PLACEMENT INFORMATION

A Planning Placement Team (PPT) meeting was held on 6/13/91. The following persons were in attendance:

<i>Lucene Ramos</i>	Parent
<i>William Salcedo</i>	Administrator
<i>Indie Lifford</i>	Teacher
	Pupil Personnel Representative

JUSTIFICATION FOR PLACEMENT

Is this student eligible to receive special education services? ☒ YES ☐ NO

- ☒ Child has a diagnosed physical or mental condition that has a high probability of resulting in developmental delay.
- ☐ Child is experiencing developmental delays, as measured by appropriate diagnostic instruments and procedures in one or more of the following areas: cognitive development; physical development, including vision and hearing; language and speech development; psychosocial development or self-help skills.

Child will no longer require special education when the condition or development delay no longer exists.

APPENDIX U

Niños Especiales Outreach Training Project Case Study - Agency

Name of Participating Agency:

Connecticut's Department of Mental Retardation Early Intervention Program Region 3

Description of Participating Agency

The Department of Mental Retardation Early Intervention Program provides services for families and their children from birth to three years who are identified as having or expected to have one or more developmental delays. The Early Intervention Program is built upon the philosophy that services should support families to foster the development of their children. The services are tailored to each family's needs and delivered in the home or in community settings that are available to all children and families. These services are free of charge. Their staff includes: physical therapists, occupational therapists, speech pathologists, nurses, social workers and early childhood educators.

Eligibility

Children are eligible for early intervention services if they exhibit a delay of two or more standard deviations below the mean in one or more areas of development, or if they have a genetic or medical condition that puts them at risk for developmental delay. The catchment area for DMR Region 3 includes: Stafford, Union, Woodstock, Thompson, Ellington, Tolland, Willington, Ashford, Eastford, Pomeret, Putnam, Ernon, Coventry, Mansfield, Chapin, Hampton, Brooklyn, Killingly, Manchester, Bolton, Andover, Columbia, Windham, Scotland, Canterbury Plainfield, Sterling, Hebron.

Willimantic is the largest city covered by Region 3, and 40% of this population is Hispanic. At the time of our involvement there were no Hispanic families participating in this program. Just one referral which was followed through during replication.

Referrals

Referrals are made by different agencies such as: Service Coordination Center, Public Health, other early intervention programs in the area, pediatricians, parents, relatives and friends. Anybody can start the referral process by calling the Early Intervention Program if they suspect a child at risk for delay. Upon referral and with the family's approval, the early intervention team evaluates the child in the different areas of development.

The Early Intervention Program uses a transdisciplinary team approach to evaluate a child's growth in each area of development. Along with the family, a teacher, physical therapist, occupational therapist, speech pathologist, nurse and case manager work together to assess the child's unique needs in the areas of cognitive development, physical development (including vision, hearing and health), communication, social development, and self-help skills. The tools that are used to assess infants and children are the following: Battelle Developmental Inventory (BDI), Carolina Curriculum for Handicapped Infants and Infants at Risk (CCHIR), Hawaii Early Learning Profile (HELP), Receptive Expressive Emergent Language Scale (REEL), Preschool Language Scale (PLS), Infant Scale of Communicative Intent (ISCI), and a package of family assessments. The information obtained from these assessments is then incorporated into an individual family service plan (IFSP).

The IFSP is a written plan that is developed jointly by the family and the intervention team, in order to describe the family needs and the intervention services the child and family will receive. The IFSP includes a statement of the specific services necessary to meet the unique needs of the child and family identified through the assessment process. The IFSP also spells out who will deliver each service, how often, in what location, and when the services will be provided. The IFSP is a way to coordinate the services of all agencies working with the child and family. It also defines the responsibilities of each agency and serves as a vehicle of communication among those working with the child and family.

The team members work with the family to implement the activities described in the IFSP. Other than the family, the teacher is the member of the team that most frequently works with the child. As an infant specialist, the teacher combines the recommendations of all the team members into an integrated intervention program. The other members of the team regularly work with the child to monitor progress and development and recommend changes in the program as needed. All of the team members are available to talk and meet with the family.

The teacher (case manager) will schedule visits to the home for herself and other team members at a time most convenient for the family. The program operates year round including summers.

Before the age of two the services are usually provided in the home. Each visit is typically over an hour in length. As the child gets older, early intervention services may be delivered in community settings such as day care centers, nursery schools, or "mom and tot" play groups. The child attends the program along with the early intervention teacher two to three hours a day as often as three times a week depending upon the program's schedule. For a child whose parents have made day care arrangements, the team may also deliver services in that location. The family decides where the services will be delivered.

Case management services are also available as mentioned before. The case manager coordinates other services available to families that are provided by the department or other agencies. The case manager can also continue to work with the family after the child leaves the early intervention program.

Reason for NEP Replication/whose idea

1. 40% of the Willimantic population is Hispanic. This is the most dense population covered by DMR Region 3.
2. Although Willimantic has a high percentage of Hispanics, the Department of Mental Retardation Region 3 had 0% of Hispanic case loads at our time of involvement.
3. Lack of bilingual and bicultural staff.
4. Lack of partnership with Hispanic agencies.
5. Lack of resources available for Hispanic children and their families.

The Idea of NEP replication for DMR Region 3 was considered and analyzed during the last year of the Niños Especiales program in 1989. A needs assessment was scheduled with the supervisor of Region 3, Director and Coordinator of the Niños Especiales Outreach Training Program in Sept. of 1990. This meeting concluded with a request for a 5 week culturally sensitive institute, and The Niños Especiales Replication Component, which was designed to give technical assistance and walk participants through the implementation of the NEP components.

Replication Training Sessions

The replication component followed a unique protocol. This can be describe by the following 3 stages:

1. Meeting with DMR Supervisor for needs assessment and signing of contract for agency participation
2. Meeting with the supervisor and staff participating in replication project. They were Diane (case manager) Joanne (supervisor), Miguel and Gabriela (NEP staff), and assisting professionals. The purpose of this meeting was to present the NEP replication components, to describe the responsibilities of each of the participants, and to develop our initial schedules and agendas for intervention
3. This stage was practically the heart of replication. It included an ongoing process of technical assistance which was utilized to walk participants through all components of replication. During this stage there were a number of pre-IFSP, IFSP writing, and IFSP implementation **evaluations**. These evaluations were done during regular home visits. Based on observation, the NEP instructor collected data of good and bad practices during the intervention sessions, followed by a discussion based on the previous findings. Technical assistance was then provided by NEP instructors to the participating staff. This was done after every home visit.

NEP observations were directed to evaluate the conditions of home visits such as: a) Interventionists agenda for every home visit, b) Were the methods and materials to accomplish objectives and if they were appropriate to the familys needs and values, c) Effective communication taking into consideration the families cultural background etc.

Other activities that helped participants to improve their interaction with Hispanic families were:

1. Spanish courses developed and provided by the NEP staff.
2. The NEP Culturally Sensitive Institute, which was taken before replication, and targeted to increase awareness of Hispanic needs, barriers to intervention and strategies to overcome them.

3. Improving participant's resources through the development of partnerships with Hispanic agencies such as, The Puerto Rican Organization Program in Willimantic and the Quinnebaug Valley College also located in Willimantic.

Level of Commitment

During the initial stages of NEP involvement with DMR Region 3, we clearly sensed a high degree of resistance to the topic of cultural sensitivity this accounted to about 20% of the group. For the first two sessions of the culturally sensitive institute we noticed a great amount of negative body language and attitudes that were clearly against our philosophy. The interesting fact is that from the third session on, which focused on cultural norms and values as well as respect for the differences of other cultural groups, the participants started to relax and to participate with more enthusiasm. It is very encouraging to describe positive changes: for example: A participant who was very resistant initially, had actually went out and hired a Hispanic baby sitter to care for her child. Her impressions of this Hispanic person were very positive and her attitude had changed completely.

Dianne who was the case manager involved in replication showed to be very relax and open minded. Her commitment to the project was admirable and this made it a very successful and gratifying experience

Who were involved in Replication

The replication model took on a multidisciplinary approach. The initial contact was made with Dianne, who was the case manager. There was also direct participation from other team members as follows:

Joanne	Region Supervisor
Frankie	Speech Pathologist
Ginger	Occupational Therapist
Gabriela	NEP Staff
Miguel	NEP Staff

and other staff members from DMR and other Agencies.

Performance of Participant During Replication

Dianne is an Early Childhood Special Educator who has been in the field for 13 years. She has served the birth to three population for a period of 11 years. For the past two years, she had not been through any training for cultural sensitivity in working with Puerto Rican families until the NEP Institute. Her performance was remarkable. She participated actively and enthusiastically and completed all institute tasks with level 1 and 2 assistance. Without a doubt her performance and completion of institute tasks was a determining factor for success in replication.

There were a total of 40 home visits administered by Dianne during the NEP Replication Project. These home visits were distributed during a period of 12 months. The average visits per month were 3. The number of no show and cancellations came out to be 13, accounting for 32% of all home visits.

First Home Visit

Dianne was very relaxed during the first home visit with the Gonzalez Family. She spoke English with mom who was the only English speaker in the family. She also introduced the NEP Staff: Gabriela and Miguel.

Dianne was not able to interact with dad who was a monolingual Spanish speaker. There was also no agenda prior to this home visit and no documentation of occurring events. The family had presented their own agenda and focused their concern for Ashley's (their other daughter) medical appointments. Dianne approached this event by giving the family information related to Ashley's medical appointments and transportation available.

During Dianne's interaction with Veronica (target child) we saw a lot of eye contact and very little body language, this drove Veronica away initially and made it difficult for her to understand instructions, basically because of her lack of understanding English and of course, her delay in language. Dianne was very good in areas such as, active listening, maintaining the topic of discussion, giving feedback on issues presented by the family and responding positively throughout the home visit. There was little information given to the family for the next home visit, but Dianne did bring closure to this visit.

Discussion and Technical Assistance

1. Hispanic adults as well as children feel intimidated when they are looked at directly into the eyes

Recommendation:

Use less eye contact, especially when interacting with dad.

2. With this family Dad and Veronica would benefit from body language. It is well known that many Hispanic families are very expressive and physical in their communication. Also in this case there is a language barrier that needed to be overcome.

Recommendation:

Improve the level of expression by utilizing more body language. Getting familiarize with a small Spanish vocabulary for basic communication and appropriate for this condition (Dianne later participated in the NEP Spanish course). Utilize interpreters from other agencies when necessary (The Puerto Rican Organization Program).

3. Written agendas are very important to have before home visits as well as gathering and recording the events of a home visit. This data gives us a chance to evaluate the effectiveness of our intervention programs.

Recommendation:

A home visit record form was given to Dianne to record: Planning of every home visit, services provided for the areas of support, information and intervention, as well as inter-visit activities.

Outcome

Dianne was very open to these suggestions and was able to put them into practice during the following sessions. She participated in the NEP Spanish courses and later was able to communicate with the family in simple sentences.

Dianne also filled out the NEP home visiting record for every visit. This included: Agenda, services provided and planning of the next home visit.

Dianne used more body language especially when interacting with Veronica. Dianne's overall performance in these areas was acceptable according to the NEP evaluations (Acceptable, Emerging, or unacceptable).

Family and Child Assessments (Pre-ISFP)

The initial assessments were administered during a period of 4 home visits of about 1 1/2 hour each. One home visit for family assessments and 3 for child assessments.

Dianne was given the battery of NEP family and child assessments during the initial replication orientation meeting, and she was asked to read and compare with the assessments from her agency. Five of these assessments were already being utilized by DMR.

Dianne showed good interviewing skills during the administration of the family assessments. She was very cautious not to ask personal questions, and considered that these could be collected later if necessary. This gave the family time to build trust and confidence with the interventionist. She also displayed active listening, maintained the topic of discussion, and clarified questions and concerns that the family had. The NEP family assessments administered by Dianne are listed below:

1. Demographic form
2. Community Resource Checklist
3. Neonatal Perceptive Inventory
4. Family Needs Assessment
5. Interactional Code
6. Home Observation for Measurement of the Environment
7. Family Focused Intervention Rating Scales

Initially, Dianne did have a concern in following the NEP home visit protocol, and getting all assessments done in that period of time. She received assistance in formulating several questions and in the interpretation of the assessment results.

The following is a list of the NEP child assessments that were administer by Dianne.

1. Battelle Developmental Inventory (BDI)
2. Receptive Expressive Emergent Language Scale (REEL)
3. Carolina Record of Individual Behavior (CRIB)
4. Carolina Curriculum for Handicapped Infants and Infants at Risk (CCHI)
5. Interactional Code (IC)

Reliability was obtained by the NEP staff for each of the previously mentioned assessments. The results are as follow: BDI 96%, REEL 93%, CRIB 80%, CCHI 94% and IC 90%

Dianne was very creative and demonstrated good interaction skills with Veronica throughout the assessments. DMR started to use the BDI since last year and so Dianne had some experience with this assessment.

Veronica was very hard to warm up and so it took up to 30 minutes to start the BDI. For the following 45 minutes she participated with a very low level of frustration, completing all developmental domains except for communication. At this time NEP consultant recommended to Dianne that Communication and the REEL could be done along with the speech pathologist and reliability would be recorded. Dianne agreed with this suggestion and scheduled the remaining assessments to be done in a transdisciplinary manner with the professionals in the areas of speech, occupational therapy, and childhood special education.

The area where Dianne needed most assistance was in identifying behaviors that were culturally significant, that were fostered by the parents and that were considered values for the family. Most of these behaviors are seen in the adaptive or self-care domain. For example:

1. Veronica was not allowed to serve herself food or to use a knife. She still drank from a bottle and sometimes was even spoon fed. (she scored low according to assessments)
2. Veronica did not have previous experience cutting paper with scissors nor was she allowed to play or go alone to the staircase.

Recommendation

Most Hispanic families foster dependence to their children and this is a highly and appreciated cultural value. Observing Veronicas home environment and the families value it is obvious that these items or skills would not be targets of priority for the parents.

Taking into consideration Veronica's speech, self help, and personal social delays recommendations were the following:

1. Respect for the cultural values and family's priorities
2. Avoid being judgmental
3. Involve parents during the administration of assessments as well as other activities and meetings
4. Describe assessment results in a culturally acceptable and comprehensive manner
5. Encourage parents to dictate their needs and priorities

Dianne had a positive attitude during the administration of assessments. This attitude was very important to have especially when assessing Veronica in the areas of self help and communication were she scored the lowest.

Dianne invited dad to participate several times and realized that Veronica's response was consistent. Dad seem to enjoy his participation and was praise by Dianne for his good work.

Assessments results were presented to the parents in very descriptive way, using examples and translation to Spanish in order to involve dad.

Dianne spent a considerable amount of time describing Veronica's areas of strength which were receptive language, cognition and motor. Dianne spoke to the parents about the importance of early intervention during the review of Veronica's areas of weakness. She also left enough time for questions and concerns.

Dianne performance was acceptable during the assessments stages (according to NEP evaluations). Reliability was over 90% for all assessments, except for the CRIB (80%).

IFSP Writing and Implementation

Recommendations

1. The NEP Staff presented to Dianne and supervisor the importance of having a pre-IFSP meeting with the family. The objective was to explain the families role as active team members.
2. Based on the conclusion of a DMR team meeting, it was decided to present to the family just the option that Veronica should receive Spanish home base intervention before going to a center base school.
The NEP Staff recommended that not only this but all options should be presented to the parents, as well as letting them decide what their needs and priorities are.
3. Have an interpreter in order to communicate smoothly and involve dad.

These recommendations were followed by Dianne. She invited all team members for the IFSP session. The following people showed up: DMR Supervisor, Teacher (Dianne), Speech Pathologist, Occupational Therapist, NEP Staff, and The Gonzalez Family.

Dianne first scheduled a pre-IFSP session. During this meeting she went over the parents role as active members, professionals invited and their role, topics to discuss, date, location, and objectives for the IFSP session.

During the IFSP session Dianne developed and followed the following protocol:

1. She introduced all team members to the parents and went over the agenda.
2. DMR Supervisor went over all assessment findings and described Veronica's strengths and weakness.
3. Recommendations were formulated by professional team members.
4. Time was given for parents to participate and to dictate their needs and priorities (Negotiation).
5. Writing of the IFSP began as parents dictated the following goals:
 - a) have Veronica receive home base early intervention services in Spanish from Dianne (with the assistance of interpreter), in order to enhance her expressive communication
 - b) Increase Veronica's Spanish vocabulary from 2 words to 10 or more, in order for her to start communicating her needs and wants utilizing more verbal and less gestural communication.
 - c) The need to participate in a family support group who have children with Down's Syndrome. (for Veronica's sister).

Dianne provided weekly home visits and addressed her agendas to the family goals from the IFSP. During the second week of the IFSP implementation Dianne provided information to the parents of a family support group and a conference on Down's Syndrome for parents. Veronica's mom collected this information and told Dianne that she would participate.

For the following 3-4 months intervention went by very smoothly. Dianne utilized her Spanish vocabulary to interact with Veronica. She also involved dad as he actively participated in most sessions. During these months Veronica engaged very easily in play and showed much progress in her expressive communication, going from 2 to 15 active words.

Things were fine until 5 months after the initial writing of the IFSP when home visit cancellations started to increase and family compliance started to decrease.

Initially there was suspicion of substance abuse, but no way to really be sure. Dianne's reaction to this situation was of frustration. She made several attempts to talk with mom about this, but Norma was not willing to speak about this problem and Dianne respected her decision..

Norma had cancelled 2 home visits (2 weeks) because they were moving to a new house. After these two weeks went by the family was still at the same location. Dianne tried to schedule a home visit but Norma told her that she still needed another week for their move.

At this time Dianne was concern about the numerous interruptions Veronica was experiencing from her therapy sessions, as well as for the well being of the children and parents.

Recommendation

The NEP staff recommended to schedule a home visit to ask the parents if they are willing to continue intervention services. If no; discontinue services and leave telephone number so parents can call Dianne if they change their minds. If yes; Talk to parents about the need to follow through with the program.

Dianne went ahead and schedule this meeting and during the session Norma spoke to Dianne about her problem for the first time and assured her that everything was under control. The parents also expressed their desire to continue receiving Early Intervention services and agreed to followed Dianne's recommendations

The following week as Dianne knocked at the parents front door there was no response for the first 5 minutes until Veronica started jargoning something from the inside. Dianne asked Veronica if she was ok and if dad or mom were home, but She did not respond. For the next 15 minutes there was no response

Recommendation

Because of the seriousness of the case, NEP recommended to file a DCYS (department of children and youth services) report. The NEP DCYS policy is to talk to family members before filling out a report (when ever possible). In this case a report had to be filed right away.

Dianne called DCYS and related the events. DCYS actions were very aggressive, as they sent 2 police patrols and a case worker to Veronica's home. The case worker and officers found: the children alone and naked, the house very messy, and no food in the kitchen. Dad was arrested and charged with child neglect. The children were taken away and temporary custody was given to the grandparents.

Dianne called the grandparents right away and schedule to meet the following week. Before this meeting came up, Dianne received several telephone calls from the grandparents who used other family members to translate. They had many questions about Veronica and Asley's care.

Dianne's agenda for this home visit was to meet grandparents and to get their support in order to continue Early Intervention Services. Another objective was to help Veronica's parents get their children's custody back.

During the last two months of intervention services were provided at the grandparents home, there was a need for a translator because both grandparents were monolingual Spanish speakers.

The grandparents were very humble and cooperative. They were doing a terrific job in caring for the children. Veronica and her sister's seem to be happy with their them.

Veronica had been with her grandparents for a period of 1 month when the last set of assessments were done. These assessments were done by Judy who is a nurse and part of the DMR team. Judy was substituting Dianne during her vacation leave.

Judy's agenda for the following four weeks:

1. Complete final family and child assessments
2. Schedule Pre- and IFSP sessions
3. Include transition plan in the last IFSP.
4. Discharge and follow up.

Judy had less experience doing family and child assessments probably because of her professional background. So a higher level of assistance was needed.

Judy like Dianne had also participated in the NEP culturally sensitive institute as well as in the replication orientation. NEP staff meet with her to clarify the components that needed to be completed.

Initially Judy had difficulties getting Veronica to engage in play sessions, but with the help of a translator and using observation and interview, all assessments were completed.

Veronica had not received services for more than a month. She seem very shy and hard to interact with and little was done with her during the first session. NEP Recommended to involve Ivy (Veronica's older sister) during assessments.

Judy did involve Ivey during the second session and Veronica's participation was indeed enhanced.

According to assessment results Veronica was still delay in all areas of development but even though Early Intervention had been interrupted more than 30% of the time because of family disruption, Veronica showed improvement in her communication going from 2 1/2 to 2 standard deviations below the norm. Veronica also seem more alert and sociable during the last few sessions.

Transition was included in the last IFSP. Veronica's grandparents had requested for her to be placed in a preschool setting along with special education services. Veronica will go a regular classroom setting in the town of Willimantic, transportation has been arranged and she will receive special education services.

Judy will maintain contact as needed with:

1. The Gonzalez family
2. Professionals at new educational setting
3. The Puerto Rican Organization Program for cultural support and assistance.

Judy and Dianne will also serve as consultants to other DMR team members on NEP components

CASE STUDY - AGENCY

NAME OF AGENCY: CONNECTICUT S DEPARTMENT OF MENTAL
RETARDATION EARLY INTERVENTION PROGRAM
REGION 4

The Department of Mental Retardation early intervention program provides services for families with children from birth to three who are identified as having or expected to have developmental delay. The early intervention program is built upon the philosophy that services should support families to foster the development of their children. The services are tailored to each family's needs and delivered in the home or in community settings that are available to all children and families. These services are free of charge. Their staff includes: physical therapists, occupational therapists, speech pathologist, nurse, social worker and early childhood educators.

Children are eligible for the early intervention program if they: exhibit a delay in one or more areas of development, or have a genetic or medical condition that puts them at risk for a developmental delay. DMR s Region 4 catchment area includes: Ansonia, Derby, Beacon Falls, Seymour, Oxford and all the towns from Milford down to Greenwich.

The number of referrals per year is 60 and are of all types of disabilities. There are 15 staff at Region 4: 9 teachers, 1 occupational therapist, 1 physical therapist, 1 speech therapists, 1 social worker, and 1 administrator.

Referrals to services are made by different agencies such as: Service Coordination Center, Public Health, other early intervention programs in the area, pediatricians, parents, relatives and friends. Anybody can start the referral process by calling the early intervention program if they suspect a child has a developmental delay or a condition that puts the child at risk for delay. Upon referral and with the family's approval, the early intervention team evaluate the child in the different areas of development.

The early intervention program uses a transdisciplinary team approach to evaluate a child's growth in each area of development. Along with the family, a teacher, physical therapist, occupational therapist, speech pathologist, nurse and case manager work together to assess the child's unique

needs in the areas of cognitive development, physical development (including vision, hearing and health), communication, social development, and self-help skills. The tools that are used to assess infants and children are the following: Batelle Developmental Inventory (BDI), Caroline Curriculum for Handicapped Infants and Toddlers at Risk (CCHITR), Hawaii Early Learning Profile (HELP), Receptive-Expressive Emergent Language Scale (REEL), Preschool Language Scale (PLS), Infant Scale of Communicative Intent (ISCI), and a package of family assessments. This information is then incorporated into an individual family service plan (IFSP).

The IFSP is a written plan that is developed jointly by the family and the service providers to describe the early intervention services the child and family will receive. The IFSP includes a statement of the specific services necessary to meet the unique needs of the child and family identified through the assessment process. The IFSP also spells out who will deliver each service, how often, in what location, and when the services will be provided. The IFSP is a way to coordinate the services of all agencies working with the child and family. It also defines the responsibilities of each agency and serves as a vehicle of communication among those working with the child and family.

The team members work with the family to implement the activities described in the IFSP. Other than the family, the teacher is the member of the team that most frequently works with the child. As an infant specialist, the teacher combines the recommendations of all the team members into an integrated intervention program. The other members of the team regularly work with the child to monitor progress and development and recommend changes in the program as needed. All of the team members are available to talk and meet with the family.

The team will schedule visits to the home at a time most convenient for the family. The program operates year round including summers.

Before the age of two the services are usually provided in the home. Each visit is typically over an hour in length. As the child gets older, early intervention services may be delivered in community settings such as day care centers, nursery schools, or "mom and tot" play groups. The child attends the program along with the early intervention teacher two to three hours a day as often as three times a week depending upon the program schedule. For a child whose parents have made day care arrangements, the team may also deliver services in that location. The family decides where the services will be delivered.

Case management services are also available. The case

manager coordinates other services available to families that are provided by the department or other agencies. The case manager can also continue to work with the family after the child leaves the early intervention program.

The early intervention program does not provide direct individual therapy sessions on a routine basis. Instead, the therapists, as members of the team, consult with the family and teaching staff about how to incorporate therapy techniques specially designed for the child throughout the activities of the child's daily, natural routines. If individual therapy is requested by the family and their physician, the team is available to assist the family to locate those services from other agencies within the community. The individual therapy program is then included in the IFSP to ensure that everyone is working with the child using a consistent approach.

During a meeting with the DMR Early Intervention supervisor and the N.E.P. staff was set up in Nov 1990 to discuss the NEOTP training options. Subsequently, a needs assessment was done with the supervisor and the N.E.P. staff and it concluded with a request for a 5 week institute on Cultural Sensitivity and the Ninos Especiales replication component which is designed to give technical assistance and walk participants through the implementation of the N.E.P. components.

The entire DMR R 4 early intervention staff including the supervisor participated in the Cultural Sensitivity Institute. There was no apparent resistance to attending the institute, or doing the tasks/readings involved.

Upon completion of the institute, a meeting was scheduled at the end of January 1991 to discuss the replication of the N.E.P. components. As mentioned earlier, DMR Region 4's catchment area includes Bridgeport, Stamford and Norwalk among other cities. Bridgeport is a city within this region that has the highest percentage of Hispanics (26.5%) followed by Stamford (9.8%) and Norwalk (9.4%). At the time of intervention DMR Region 4 only had 2 Hispanic cases. Also, there is a lack of bilingual and/or bicultural staff at DMR's early intervention department as well as a lack of interagency coordination between DMR and other Hispanic agencies.

All of the points mentioned above warrant the fact that there is a lack of resources available for the Hispanic population.

For the replication process the DMR R 4 supervisor asked

her staff, if anyone was interested in participating in this process. Two of her staff decided to participate: Teddie and Gretchen.

Teddie is an Early Childhood Special Educator with a Master in Science and currently working on her 6th year certificate. She has been working in the special education field for the last 12 years. Teddie has received formal training on the B-3 population and has been working with this age group for the last 3 years.

Gretchen is a certified Infant and Toddler Speech Pathologist. She has been working with the B-5 population for the last 15 years. Gretchen speaks some Spanish.

The replication component followed a unique protocol:

1. There is a meeting with the region supervisor with the purpose of doing a needs assessment. After the need has been established, the contract for agency participation is signed.
2. A meeting with the supervisor and the staff that wishes to participate in this process takes place to present the components of the N.E.P. replication process, to describe the responsibilities of each of the participants and to develop initial schedules/agendas for intervention.
3. This stage is where the actual intervention begins. There is an on-going process of technical assistance which is utilized to walk participants through all components of replication. During this stage there are three evaluation forms: home visit/pre-IFSP, IFSP development and IFSP implementation. These evaluations are done by the N.E.P. staff on an on-going basis after the home visit.

The N.E.P. staff collects data on the quality of the practices and intervention through the process of observation. Some of the observations include: whether the participant has an agenda for every home visit, whether she utilizes appropriate methods and material to accomplish objectives, how are the participant's communication skills with the family?, are they taking into consideration cultural values?, etc.

There are on-going meetings after home visits to discuss the agenda for the following visits based on what happens that day. Also, there are biweekly staff meetings with the

participants to discuss any questions, future agenda/intervention plans, observations based on evaluation,

and to provide technical assistance on culturally related issues.

Other activities that help participants improved their interventions with families of Puerto Rican heritage are:

1. Spanish classes developed with the staff's input and provided by the N.E.P. staff
2. The N.E.O.T.P. Cultural Sensitivity Institute to be attended prior to starting the replication process. The institute is designed to increase awareness of Hispanic family needs, barriers for intervention and strategies to overcome them.

During the institute, the participants completed tasks such as: write a program philosophy, conduct an interview of a Hispanic family, compile a resource list, write a culturally sensitive protocol for service delivery. Throughout the institute the participants demonstrated motivation for learning about the Hispanic culture, however, they expressed some level of discomfort at not being able to communicate in the same language. Some of them felt that there were little or no resources in terms of working with other Spanish speaking professionals and also somewhat unrealistic to feel that they can learn enough Spanish to have a conversation with the family. Most of them expressed the desire to learn another language. In that group there is one person who speaks some Spanish.

The total number of home visits were 12 for one case and 16 for the other. There has been an average of 4 cancelled visits with a monthly average of 3 visits.

The agenda's for the home visits were discussed at the biweekly staff meetings. To the best of our ability the N.E.P. scheduled was followed. First, family assessments; second, child assessments; third, pre-IFSP meeting; fourth, IFSP development and fifth, IFSP implementation.

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APPENDIX V

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1. Objectives
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PROYECTO DE SUPERVISION DEL NIÑO

Nombre del Niño: _____

Fecha de Nacimiento: _____

Dirección, si es diferente a la dirección postal: _____

Ciudad: _____

Teléfono: _____

Doctor del niño: _____

Teléfono del doctor: _____

¿Quién está llenando este cuestionario? _____

Si alguien le ayudó a llenar este cuestionario, ¿quién fue? _____

Fecha de hoy: _____

Por favor complete este formulario antes del _____

Por favor regrese este formulario antes del _____

Aquí hay algunas preguntas acerca de las cosas que hacen los bebés. Su bebé tal vez ha hecho algunas de estas cosas o quizá hay cosas que todavía no está haciendo. En las siguientes páginas, por favor marque en el espacio que dice como su bebé ha hecho y que está haciendo ahora. Si no está seguro que su bebé puede hacer algunas de las actividades, hágalas con él/ella! Gracias por regresar este formulario tan pronto sea posible.

Si tiene algún problema al llenar este formulario por favor llame al: _____.

Translated by the Niños Especiales Outreach Training Project

CUESTIONARIO DE 8 MESES

I COMUNICACION (Por favor haga la actividad si no esta seguro)

- | | Sí | A veces | Todavía no |
|---|--------------------------|--------------------------|--------------------------|
| 1. ¿Imita su bebé sonidos que usted hace, repitiendo después de usted? (Por ejemplo, tos, sonidos con la lengua, etc.) | ☐ | ☐ | ☐ |
| 2. ¿Hace su bebé sonidos como "da, ba, ma, o ga"? | ☐ | ☐ | ☐ |
| 3. ¿Hace su bebé dos sonidos similares como ba-ba, ga-ga, da-da, aunque él/ella no este tratando de decir algo? | ☐ | ☐ | ☐ |
| 4. Una "palabra" es un sonido usado consistentemente que significa una persona, objeto ó grupo de objetos. ¿Su bebé dice cuatro ó más palabras? | ☐ | ☐ | ☐ |
| 5. ¿Mira su bebé en la dirección de su voz cuando usted está escondido? | ☐ | ☐ | ☐ |
| 6. ¿Escucha su bebé el tono de su voz cuando usted le dice "no, no" (sin embargo él/ella continua con lo que esta haciendo después de una pausa?) | ☐ | ☐ | ☐ |
| 7. ¿Cuándo ocurre un ruido fuerte, voltea su bebé para ver de donde venia el sonido? | ☐ | ☐ | ☐ |

II MOTOR GRUESO (Por favor haga la actividad si no esta seguro)

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. ¿Cuándo usted pone al bebé en el piso, se inclina el bebé en sus manos cuando esta sentado? | ☐ | ☐ | ☐ |
|--|--------------------------|--------------------------|--------------------------|



Translated by the Niños Especiales Outreach Training Project

- | | Sí | A veces | Todavía no |
|--|--------------------------|--------------------------|--------------------------|
| 2. ¿Cuándo usted pone al bebé en el piso, se sienta él/ella por más de 10 minutos sin inclinarse en sus manos para apoyarse? | ☐ | ☐ | ☐ |



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3. ¿Se levanta su bebé en las manos y rodillas? | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 4. ¿Cuándo usted agarra al bebé alrededor del pecho, sostiene el bebé la mayoría de su peso cuando esta de pie? | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5. ¿Sostiene su bebé su propio peso mientras esta de pie y usted esta agarrando sus manos al nivel del hombro solo para ayudarle a balancearse? | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 6. ¿Se para su bebé cogiéndose de la baranda de la cuna ó agarrándose de los muebles sin inclinar el pecho para apoyarse? | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



Translated by the Niños Especiales Outreach Training Project

- | | SÍ | A veces | Todavía no |
|---|--------------------------|--------------------------|--------------------------|
| 7. ¿Toma su bebé algunos pasos cogido de una sola mano para mantener el equilibrio? | ☐ | ☐ | ☐ |



III MOTOR FINO (Por favor trate la actividad si no esta seguro)

1. ¿Toca su bebé una migaja (del tamaño de una arberjita) o cereal (cheerio) con los dedos o una mano?

☐	☐	☐
--------------------------	--------------------------	--------------------------



2. ¿Trata su bebé de recoger una migaja o cereal (cheerio) usando el pulgar y todos los dedos, aunque el no pueda recogerlos?

☐	☐	☐
--------------------------	--------------------------	--------------------------



3. ¿Su bebé recoge una migaja o cereal (cheerio) fácilmente enroscando los dedos y trayendo el pulgar hacia los dedos?

☐	☐	☐
--------------------------	--------------------------	--------------------------



4. ¿Recoge su bebé una migaja o cereal (cheerio) fácilmente con la punta del pulgar y un dedo (usualmente el primero) sin apoyar el brazo o la mano encima de la mesa?

☐	☐	☐
--------------------------	--------------------------	--------------------------



Translated by the Niños Especiales Outreach Training Project

- | | sí | A veces | Todavía no |
|---|--------------------------|--------------------------|--------------------------|
| 5. ¿Su bebé recoge el juguete al frente de él/ella usando solamente una mano? | ☐ | ☐ | ☐ |



- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 6. ¿Su bebé recoge un juguete pequeño (de una pulgada en tamaño) agarrándolo en el centro de la palma con los dedos alrededor? | ☐ | ☐ | ☐ |
|--|--------------------------|--------------------------|--------------------------|



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 7. ¿Su bebé recoge un juguete pequeño con el pulgar y los dedos sin usar la palma de la mano? (debe haber un espacio entre el juguete y la palma) | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



IV ADAPTATIVO (Por favor trate la actividad si no esta seguro)

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. ¿Cuándo sostiene al bebé sentado, se pone el bebe generalmente, el juguete que ha recogido en la boca? | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 2. ¿Cuándo el bebé esta sentado golpea de arriba a abajo la mesa con el juguete? | ☐ | ☐ | ☐ |
|--|--------------------------|--------------------------|--------------------------|



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- | | Sí | A veces | Todavía no |
|--|--------------------------|--------------------------|--------------------------|
| 3. ¿Golpea su bebé el juguete que tiene en la mano contra otro juguete en la mesa? | ☐ | ☐ | ☐ |



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 4. ¿Su bebé pasa un juguete de una mano a otra? | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 5. ¿Su bebé recoge un juguete pequeño (una pulgada en tamaño) en cada mano, agarrando estos dos por más de un minuto? | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 6. ¿Su bebé pone dos juguetes pequeños dentro de una taza o caja, uno después del otro? | ☐ | ☐ | ☐ |
|---|--------------------------|--------------------------|--------------------------|



- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 7. ¿Cuándo esta boca arriba, trata su bebé de alcanzar el juguete que se le ha caído, si lo puede ver? | ☐ | ☐ | ☐ |
|--|--------------------------|--------------------------|--------------------------|

V PERSONAL SOCIAL (Por favor trate la actividad si no esta seguro)

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. ¿Cuándo el bebé esta boca arriba, se coge los pies? | ☐ | ☐ | ☐ |
|--|--------------------------|--------------------------|--------------------------|



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- | | Sí | A veces | Todavía no |
|---|--------------------------|--------------------------|--------------------------|
| 2. ¿Cuándo el bebé está boca arriba, se pone el pie en la boca? | ☐ | ☐ | ☐ |



- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3. ¿Si un juguete está fuera de alcance gatea su bebé para recogerlo? | ☐ | ☐ | ☐ |
| 4. ¿Come su bebé una galleta solo/a? | ☐ | ☐ | ☐ |
| 5. ¿Toma su bebé líquidos de un vaso o una taza si usted sostiene el vaso o la taza? | ☐ | ☐ | ☐ |
| 6. ¿Juega su bebé pelota con usted? Por ejemplo: rodar la pelota o tirar la pelota hacia usted? | ☐ | ☐ | ☐ |
| 7. ¿Si pone al bebé en frente de un espejo grande, trata el bebé de tocar el espejo? | ☐ | ☐ | ☐ |



EN RESUMEN

- ¿Tiene problemas al alimentar a su bebé? sí _____ no _____
Explique: _____
- ¿Tiene su bebé problemas para dormir? sí _____ no _____
Explique: _____
- ¿Llora su bebé mucho y continuamente no importa lo que usted haga para tratar de consolarlo/a?
sí _____ no _____
Explique: _____

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4. ¿Hay algo acerca de su bebé que le preocupa?
 sí _____ no _____

Explique: _____

5. ¿Ha tenido su bebé algún problema de salud en los últimos cuatro meses? sí _____ no _____

Explique: _____

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	RS	SS
TC	_____	_____
TGM	_____	_____
TFM	_____	_____
TAD	_____	_____
TPS	_____	_____
TKF	_____	_____
GT	_____	_____
_____	_____	_____

6-	.	.	.	.	.		
5-	.	.	.	.	.		
4-	.	.	.	.	.		
3-	.	.	.	.	.		
2-	.	.	.	.	.		
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0-	.	.	.	.	.		
	COM	GM	FM	APT	PS		

AN INTRODUCTION TO:
**CULTURAL SENSITIVITY AND COMPETENCE IN
EARLY INTERVENTION**

FOR MORE INFORMATION OR TRAINING, CONTACT:

NIÑOS ESPECIALES OUTREACH TRAINING PROJECT
FAMILY SUPPORT/EARLY INTERVENTION
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INTRODUCTION

Public Law 102-119, formerly 99-457, the Education of the Handicapped Act Amendments of 1986, Part H, directed states to develop and implement a statewide, comprehensive, interagency program of early intervention services for infants and toddlers with disabilities and their families.

The foundation of the law is derived from principles of family-centered care. One of these principles is the respect for and acceptance of family diversity, including racial and ethnic diversity. Another principle is acknowledgment that each family has its own structure, roles, values, beliefs, and coping styles. This is especially true and relevant today when early interventionists are working with families from many different cultural backgrounds.

In order to provide effective services to any community, service providers must learn about and respect the cultural values and behaviors of the communities and families with whom they are working. Even the concept of early intervention may be foreign to some families. Although families are influenced by their ethnic, cultural, and language backgrounds, they are not defined by them. Differences should be used to enhance interventions rather than stereotype.

All families and children are unique. Each family will have unique concerns, priorities, and resources. These are not static, but rather constantly shifting and changing. The goal is to provide services which will respect these cultural differences and promote the interventionist's effectiveness.

AN INTRODUCTION TO
INDIVIDUAL FAMILY SERVICE PLANS

FOR MORE INFORMATION OR TRAINING, CONTACT:

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INTRODUCTION

Public Law 99-457, the Education of All Handicapped Act Amendments of 1986, contained provisions specific to infants and toddlers and their families. This section, Part H, directed states to develop and implement a statewide, comprehensive, interagency program of early intervention services for infants and toddlers with disabilities and their families. This statewide system was to be composed of 14 programmatic requirements. One of these requirements was the development of an Individualized Family Service Plan (IFSP) for eligible families. The purpose of the IFSP is to enable families and professionals to work together as a team to identify and mobilize formal and informal resources to assist families' in reaching their chosen goals. The IFSP is the cornerstone of early intervention services under Part H.